

## Medi-Cal Order Form

To process your order choose one of the following methods: FAX: **(916) 324-9908** or  
E-Mail: **MCEDorders@dgs.ca.gov**. *Orders filled limited to inventory on hand.*

**Single Streamline App.\***

Min: 100 per language

Max: 1000 per language

English Quantity: \_\_\_\_\_

Spanish Quantity: \_\_\_\_\_

**MC 219**

Min: 100 per language

Max: 400 per language

English Quantity: \_\_\_\_\_

Spanish Quantity: \_\_\_\_\_

**PUB 68**

English Quantity: \_\_\_\_\_

Spanish Quantity: \_\_\_\_\_

**MC 371**

English Quantity: \_\_\_\_\_

Spanish Quantity: \_\_\_\_\_

**\*Other languages are available on our website**

**All information is required to process your order**

**Mailing Information:**

Business

Residence

**Organization Name:** \_\_\_\_\_

**Delivery Address**

**(No P.O. Boxes):** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

*All orders are shipped Standard Delivery (5 to 7 business days).*

*For customer service inquiries call (833) 433-1590.*