

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.