



**AHCCCS EPSDT Tracking Forms  
Order Sheet**

**Please fax request to:  
EPSDT COORDINATOR  
(866) 687-0515**

Group Name \_\_\_\_\_

Physician(s) Name \_\_\_\_\_

Office Contact Name/Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Delivery Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Please indicate the number of packets (25 forms per packet) needed for each age group.*

_____ 2-4 Day Old	_____ 24 Month Old
_____ 1 Month Old	_____ 3 Year Old
_____ 2 Month Old	_____ 4 Year Old
_____ 4 Month Old	_____ 5 Year Old
_____ 6 Month Old	_____ 6 Year Old
_____ 9 Month Old	_____ 7-8 Year Old
_____ 12 Month Old	_____ 9-12 Year Old
_____ 15 Month Old	_____ 13-17 Year Old
_____ 18 Month Old	_____ 18 – 21 Year Old

*The most current AHCCCS EPSDT Tracking Forms have a revised date of November 1, 2007 in the bottom left hand corner.*

**1501 W. Fountainhead Pkwy. Suite 201  
Tempe, AZ 5282  
Phone 866-516-7224**