

DCPNS RESOURCE ORDER FORM

Contact information:

Name: _____

Organization: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Prices include shipping & handling, GST does not apply. Along with this form, please send payment by cheque or money order (in Canadian funds) made payable to the DCPNS Special Fund (mailing address noted below). Please allow 3 to 5 weeks for delivery.

X	Title	Quantity	Price	Item total
	Insulin Dose Adjustment Policies & Guidelines Manual (2016)		\$50	
	Insulin Pump Initiation for Children and Youth in Nova Scotia Diabetes Centres: Standardized Process with Patient and Provider Tools (2013)		\$50	
	Insulin Pump Initiation for Young Adults/Adult in Nova Scotia Diabetes Centres: Standardized Process with Patient and Provider Tools (2013)		\$50	
	Moving On...With Diabetes Adolescent Transition Resources		\$35	
	Moving On...With Diabetes A Youth in Transition Handbook		\$10	
	Pregnancy and Diabetes Guidelines: Approaches to Practice (2014)		\$50	

PO# (if applicable): _____

OFFICE USE ONLY:

Date received: _____ **Date sent:** _____