

Galactosemia Module & Wallet Card Order Form



Product	Price	Qty	Subtotal
Galactosemia: The Diet (New)	\$10.00	_____	_____
Galactosemia: School Age Children (New)	\$10.00	_____	_____
Galactosemia: For New Parents (New)	\$10.00	_____	_____
Cookbook	\$5.00	_____	_____
Activity Book	\$5.00	_____	_____
Ingredient Wallet Card- Acceptable	\$1.00	_____	_____
Ingredient Wallet Card- Unacceptable	\$1.00	_____	_____
Set of 3 New Modules with Wallet Cards	\$25.00	_____	_____
Set of All 5 Modules with Wallet Cards	\$32.00	_____	_____

Subtotal: _____

S&H: \$4.00 *;

No S&H Charge for Wallet Card Only Orders

International Orders May be Subject to Increased S&H Fees; Please Inquire Prior to Ordering*

Total: _____

Send Order to:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Telephone: _____

Purchasing and Contact Information for Questions:

Michelle Stegall, Dietetic Technician
Michelle.stegall@childrenscolorado.org

Laurie Bernstein, MS, RD, FADA
Laurie.bernstein@childrenscolorado.org

Clinic Fax: 720-777-7322

Mail Order Forms to:

Children's Hospital Colorado
 Clinical Genetics and Metabolism
 13123 E 16th Ave B153
 Aurora, CO 80045

Please make checks payable to:

IMD Clinic- Children's Hospital Colorado

Note: There is a \$25.00 charge for all returned checks

Our Website is Accessible at the Link Below:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/genetics/clinical/IMD Nutrition/Pages/IMDNutritionHome.aspx>