



NEWBORN HEARING SCREENING REFERENCE CENTER

National Institutes of Health - University of the Philippines Manila
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Telephone: (02) 8569 3767 Email: nhsr.nih@gmail.com
Website: newbornhearingscreening.ph



ORDER FORM (VERIFICATION)

READ THE INSTRUCTIONS FIRST BEFORE ACCOMPLISHING THE ORDER FORM.

- Fill out the ORDER FORM with complete **facility information**:
 - hearing center name, complete facility address, contact person and contact numbers.
- Write the name of **facility manager** with updated e-mails and contact numbers.
 - Managers must be a Doctor/ Audiologist.
 - Manager must be certified with "Category A Personnel Newborn Hearing Screening Certifying Course"
 - Managers affiliated with different facilities must present a Memorandum of Agreement with the facility
- Write the names of **screeners** with updated e-mails and contact numbers.
 - Screeners must be certified with "Category A Personnel Newborn Hearing Screening Certifying Course"
- Write the preferred **quantity** of booklets and the **amount**.
- Send the **accomplished form** to registrycards.nhsr@gmail.com for **verification** or call **0995 867 9002** for assistance.
- Payment terms will be given after verification. *(Advance payment w/o verification will not be honored.)*

FACILITY INFORMATION

HEARING CENTER NAME: _____

COMPLETE FACILITY ADDRESS: _____

REGION: _____ LANDLINE NUMBER: _____

MOBILE NUMBER.: _____ E-MAIL ADD: _____

CONTACT PERSON: _____ DESIGNATION: _____

NAME	UPDATED EMAIL	CELLPHONE
Manager (MD or MClinAud): 1.		
Screeener /s:		
1.		
2.		
3.		
4.		
5.		

We would like to order _____ Booklets of Registry Cards worth Php _____
(quantity of booklets) (amount)

NOTE: The cost of the Registry Card is Php50.00 per set or Php1,000.00 per booklet of 20 sets. The **MINIMUM** order would be **5 booklets (good for 100 infants) or Php5,000**. The facility is required to submit the **BIRTH RATE REPORT** (previous year).