MAP-252
(Rev. 07/02)

KENTUCKY MEDICAL ASSISTANCE PROGRAM

REORDER FORM

MAIL TO →

Name

Street Address

City State Zip

NOTE: Most requests are shipped by U.P.S. and need complete street address. No Post Office Boxes Allowed.

Form Number	Title	Quantity Requested

Date _____

Requested By _____
Your Name

Return To: Cabinet for Health Services
Department for Medicaid Services
275 East Main Street, 6W-B
Frankfort, KY 40621
FAX: (502) 564-0249