

Billie's Medical Adventures



Billie's Medical Adventures is a program designed to familiarize pre-school and elementary-age children to common health screenings while introducing them to various health careers through puppet play.

Our main character is Billie. During each puppet show Billie will help depict a typical medical screening that children experience so that they will be able to recognize various health professionals, understand what it is they do, and familiarize them with experiences they may encounter during a routine office visit. He will visit with various health professionals and demonstrate the following scenarios through lively banter between Billie and each health professional:

- Billie goes to the Pediatrician to get a check-up
- Billie goes to the Optometrist
- Billie goes to the Dentist

WHAT'S INCLUDED:

- Two Puppets
- One Puppet Instruction Booklet
- 20 Coloring/Activity Books

PURCHASE INFORMATION:

Complete the order form and mail it with your check payment of \$165 to:

Catskill Hudson AHEC, 598 State Route 299, Highland, NY 12528, Attn: Kathy Doyle.

Or fax your Purchase order with the completed order form to (845) 883-7837.

For additional information, please contact the staff at Catskill Hudson AHEC at (845) 883-7260 or kdoyle@chahec.org.

Billie's Medical Adventures was created by Catskill Hudson Area Health Information center (AHEC, a non-profit organization devoted to improving the quality, geographic distribution, and retention of healthcare professionals and stimulating interest in health careers through innovative programs across its 11-county service area.

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ORDER FORM

Billie's Medical Adventures is offered at a cost of \$165.00 per program (shipping is included).

PAYMENT METHODS: Check payment or Purchase Orders are accepted methods of payment. Please complete the order form and return with payment method as follows:

Check Payment - Mail to: Catskill Hudson AHEC
 598 State Route 299
 Highland, New York 12528

Purchase Orders - Fax to (845) 883-7837 or mail to Catskill Hudson AHEC (same address above).

PLEASE PRINT:

Name: _____

School/Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Phone: _____

email: _____

Number of Programs: _____



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