









Partner Referral Resources

ORDER FORM

| | | Number of Copies |
|--|---|------------------------------------|
|  | Next Steps Partner Referral Packet: 8½" x 11" brochure for clients test positive for a sexually transmitted infection. Includes three perforated cards. Back of each card is blank to accommodate local clinic information for partner referral. | 10 20 40 60 100 200 ___ (other) |
|  | Female Eyes inSPOT Instruction Card: Two sided 3½" x 2" instruction card given to patient upon diagnosis. Includes step-by-step instructions for use of inSPOT. | 10 20 40 60 100 200 ___ (other) |
|  | Male Eyes inSPOT Instruction Card: Two sided 3½" x 2" instruction card given to patient upon diagnosis. Includes step-by-step instructions for use of inSPOT. | 10 20 40 60 100 200 ___ (other) |
|  | Male Eyes Public Awareness Item (Poster): 8½" x 11" poster. Message: "If You Can't Say It, inSPOT Can!" | 2 4 6 8 10 20 ___ (other) |
|  | Male Eyes Public Awareness Item (Standing Posterboard): 8½" x 11" standing posterboard. Message: "If You Can't Say It, inSPOT Can!" | 2 4 6 8 10 20 ___ (other) |
|  | Female Eyes Public Awareness Item (Poster): 8½" x 11" poster. Message: "If You Can't Say It, inSPOT Can!" | 2 4 6 8 10 20 ___ (other) |
|  | Female Eyes Public Awareness Item (Standing Posterboard): 8½" x 11" standing posterboard. Message: "If You Can't Say It, inSPOT Can!" | 2 4 6 8 10 20 ___ (other) |
|  | Male Eyes Outreach Palm Card: 3½" x 3½" card for outreach or clinic distribution. Intended to increase target population awareness of inSPOT. Message: "If You Can't Say It, inSPOT Can!" | 10 20 30 40 50 ___ (other) |
|  | Text Message Outreach Palm Card: 3½" x 3½" card for outreach or clinic distribution. Intended to increase target population awareness of inSPOT. Message: "u know u need to tell ur partner!" | 10 20 30 40 50 ___ (other) |
|  | Kiss n' Tell Static Sticker: 5" x 5" static sticker/window cling. Message: "Kiss n' Tell, inSPOT.org/Michigan." | 2 4 6 8 10 20 ___ (other) |
| Mail or Fax Form to: | ATTENTION: Nancy Deising Michigan Department of Community Health - STD Section 3056 W. Grand Blvd., Suite 3-150, Detroit, MI 48202 FAX TO: 313-456-4427 PHONE: 313-456-1277 | |

Name: _____ Phone: (_____) _____

Company: _____ Email Address: _____

Address: _____

City/Town: _____ State: _____ Zip: _____