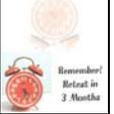


STD Partner Referral Resources

ORDER FORM

	<p>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.</p>	<p>Number of Copies</p> <p>10 20 40 60 100</p> <p>200 ___ (other)</p>
	<p>Expedited Partner Therapy - Information Sheet for Patients and Partners: This front/back information sheet was produced by the Michigan Department of Health and Human Services in compliance with Public Act 525 of 2014, MCL 333.5110 and should be given to all patients and partners receiving EPT.</p>	<p>10 20 30 40</p> <p>50 ___ (other)</p>
	<p>Expedited Partner Therapy (EPT) Guidance for Health Care Providers: Public Act 525 of 2014 (MCL 333.5110) authorized the use of expedited partner therapy (EPT) for certain sexually transmitted diseases as designated by the state health department. This document provides health care providers with guidance for using EPT.</p>	<p>1 2 5</p> <p>___ (other)</p>
	<p>Retest Awareness (Poster): 12" x 18" poster. Message: "Remember to Retest in 3 Months!"</p>	<p>2 4 6 8 10</p> <p>20 ___ (other)</p>
	<p>Retest Awareness (Poster): 18" x 24" poster. Message: "Remember to Retest in 3 Months!"</p>	<p>2 4 6 8 10</p> <p>20 ___ (other)</p>
	<p>Retest Awareness Clinician Education Brochure: 8½" x 11" glossy education document for clinicians. Includes Centers for Disease Control and Prevention (CDC) Guidelines regarding retesting as well as messages for patients and providers.</p>	<p>10 20 30 40</p> <p>50 ___ (other)</p>
	<p>3-Month Retest Reminder Card: 3½" x 3½" card folds in half; includes messages about importance of retesting three months following treatment for chlamydia and gonorrhea and space for retest date.</p>	<p>10 20 30 40</p> <p>50 ___ (other)</p>
<p>Mail, Fax or Email Form to:</p>	<p>ATTENTION: Amy Peterson, STD Program Specialist Michigan Department of Health and Human Services - STD Section 3056 W. Grand Blvd., Suite 3-150, Detroit, MI 48202</p> <p>FAX: 313-456-4427 PHONE: 313-456-4425 EMAIL: peterzona7@michigan.gov</p>	

Name: _____ Phone: (_____) _____

Company: _____ Email Address: _____

Address: _____

City/Town: _____ State: _____ Zip: _____