

NORTH DAKOTA HEALTHCARE PROVIDERS ONLY



**WOMEN'S WAY CLEARINGHOUSE
Educational Materials Order Form**

Date Ordered: _____

BROCHURES AND HANDOUTS (please indicate number requested)

- _____ *Women's Way* program brochure
- _____ *Women's Way* program brochure specific to Native American Women
- _____ How to Examine Your Breast brochure
- _____ Breast Health at your Fingertips brochure – Turtle Mountain Native Women
- _____ Breast Health at your Fingertips brochure – Spirit Lake Native Women
- _____ Breast Health at your Fingertips brochure – Fort Berthold Native Women
- _____ Breast Health at your Fingertips brochure – Trenton Indian Service Area Native Women
- _____ Breast Health at your Fingertips brochure – Standing Rock Native Women
- _____ Breast Self-Exam (BSE) Monthly Reminder Stickers
- _____ What is a Pap Test? brochure
- _____ HPV and Cervical Cancer Fact Sheet
- _____ *Women's Way* 19-month Calendar (July 2010 – January 2012)
- _____ Ambassador Cards (instruction card plus business-size cards that promote *Women's Way*, with contact information for *Women's Way*.)

Care Cards – to encourage any woman, friend, family member or colleague to have a mammogram or Pap test:

- _____ Let us Keep the Circle _____ You Are Special To Me _____ Just a Note to Say Hi.

FOR THE CLINICIAN (please indicate number requested)

- _____ Human Papillomavirus: HPV Information for Clinicians booklet
- _____ ASCCP Algorithms: Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities
- _____ ASCCP Algorithms: Consensus Guidelines for the Management of Women with Cervical Histological Abnormalities

Your Name _____

Facility _____

Address (street address) _____

City/State/Zip _____ Fax _____

Daytime Telephone _____

Date Needed (ship on Wednesdays) _____

TO ORDER:

By Mail: *Women's Way*, NDDoH, 600 East Boulevard Avenue, Dept. 301, Bismarck, ND 58505-0200

By Telephone: Toll Free: 1.800.280.5512 (N.D. only) or Local: 328.2333

By Fax: 701.328.2036