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

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