

CONTACT CARD

You have tested positive

Your sex partner has tested positive

for \_\_\_\_\_ at  
(Disease)

\_\_\_\_\_ on \_\_\_\_\_  
(Facility) (Date)

This is a sexually-transmitted disease, and can be serious if left untreated. A confidential exam and treatment are available on a walk-in basis at: **xxxx**

***Photo identification required***

Please call **xxxx** for clinic hours and information  
**www.xxxx**

For appointment, call **xxxx**