Nebraska Department of Health and Human Services
Nebraska Appropriate Antibiotic Use Campaign

RE-ORDER FORM

Name: _______________________________________________________________________
Clinical Specialty: _______________________________________________________________________
Mailing Address: _______________________________________________________________________
City: ___________  State: ___________  Zip: _________________________
Phone (include area code):________________________  Fax: _________________________
Email: _______________________________________________________________________

Re-Order Information

We will provide materials while supplies last.

Quantity requested

1. Prescription Pad (with over-the-counter alternatives) – English ______
2. Prescription Pad (with over-the-counter alternatives) – Spanish ______
3. Hand Washing Tattoo ______
4. Brochure – Cold or Flu. Antibiotics Don’t Work for You ______
6. Brochure – Sea Victorioso Durante la Temporada de Gripe y Resfrio ______
7. Adherence Sheet Pad ______

Feedback

We appreciate your comments/suggestions.

What changes would you suggest to improve these materials?

____________________________________________________________________

Thank you for your help. Please email robin.m.williams@dhhs.ne.gov, fax (402-471-3601) or return by mail to:

Appropriate Antibiotic Use Campaign
Attn: Robin M. Williams
Community Campaign Coordinator
NEDHHS - Public Health Support
P.O. Box 95026
Lincoln, NE 68509-5026