

**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	_____
5. Brochure – Snort. Sniffle. Sneeze. No Antibiotics Please.	_____
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