

## STEP 1 - CHECK APPROPRIATE BOXES

**REORDER** Please attach a copy of your business card, letterhead or envelope to this form (scan if sending electronically), and complete Section D)

**REVISED ORDER** Complete Sections A, B &/or C as well as D. See [Graphic Standards Manual](#) for more info.)

**NEW ORDER** Complete Sections A, B &/or C as well as D. See [Graphic Standards Manual](#) for more info.)

## STEP 2 - AMOUNT REQUESTED:

100 (min. order)

250

500

**STEP 3** - All Southern Health-Santé Sud stationery/business cards/appointments cards are produced in bilingual format. Please reference 'Stationery Buddy' available on the Health Providers' Site (under Staff Resources) to access official bilingual listing of titles, credentials and address formats for sites, programs and services. If your title or desired credentials do not appear on the Stationery Buddy, contact Human Resources (204-428-2747 or [humanresources@southernhealth.ca](mailto:humanresources@southernhealth.ca)) **Incomplete forms will be returned.**

### A. BUSINESS CARD/APPOINTMENT CARD

Please complete BOTH columns

Please reference business and appointment card options in the [Graphic Standard Manual](#) and select one of the following:

Option 1 Business Card

Option 2 Business/Appointment Card

Option 3 Business/Appointment Card (larger font)

### ENGLISH

reference to '[Stationery Buddy](#)'

<b>Line 1</b> (NAME)	Credentials optional
<b>MAX 30 char. spaces for Name/Credential</b>	
<b>Line 2-3</b> (title)	
<b>Line 4</b>	<b>SOUTHERN HEALTH-SANTÉ SUD</b>
<b>Line 5</b> (Site/Program/Service) *optional	
<b>Line 6</b> (Mailing-physical address)	Not available for Option 3
<b>Line 7</b> (address 2)	<b>MB</b>
(city/town/village)	(postal code)
<b>Line 8</b> (office #)	Ext. *optional
<b>Line 8</b> (fax #)	Not available for Option 3
<b>Line 9</b> (cell #)	Not available for Option 3
<b>Line 10</b> (email)	
<b>Line 11</b>	<b>www.southernhealth.ca</b>

### FRENCH

reference to '[Stationery Buddy](#)'

<b>Line 1</b> (NAME)	Credentials optional
<b>MAX 30 char. spaces for Name/Credential</b>	
<b>Line 2-3</b> (title)	
<b>Line 4</b>	<b>SOUTHERN HEALTH-SANTÉ SUD</b>
<b>Line 5</b> (Site/Program/Service) *optional	
<b>Line 6</b> (Mailing-physical address)	Not available for Option 3
<b>Line 7</b> (address 2)	<b>MB</b>
(city/town/village)	(postal code)
<b>Line 8</b> (office #)	Ext. *optional
<b>Line 8</b> (fax #)	Not available for Option 3
<b>Line 9</b> (cell #)	Not available for Option 3
<b>Line 10</b> (email)	
<b>Line 11</b>	<b>www.southernhealth.ca</b>

**B. LETTERHEAD - To complete, refer to the BILINGUAL column in the RED section of the 'Stationery Buddy'**

**BILINGUAL**

**Line 1** SOUTHERN HEALTH-SANTÉ SUD

**Line 2**  
(Site/Program/Service)

**Line 3**  
(Mailing-physical address)

**Line 4** (address 2) MB (postal code)  
(city/town/village)

**Line 5** (office #) **Line 5** (fax #)

**Line 6** www.southernhealth.ca

**C. ENVELOPES - To complete, refer to the BILINGUAL column in the RED section of the 'Stationery Buddy'**

Envelope type/size:

See attached envelope sample

Description (size, color, window, etc.):

**BILINGUAL**

**Line 1** SOUTHERN HEALTH-SANTÉ SUD

**Line 2**  
(Site/Program/Service)

**Line 3**  
(Mailing-physical address)

**Line 4** (address 2) MB (postal code)  
(city/town/village)

**D. Contact for proofing/Delivery**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Site/Program/Service: \_\_\_\_\_

\_\_\_\_\_  
Regional Director/Site Director Approval Signature

\_\_\_\_\_  
GL CODE

\_\_\_\_\_  
DATE

SUBMIT REQUEST & RELEVANT SUPPORTING DOCUMENTATION TO: [steinbachdc@southernhealth.ca](mailto:steinbachdc@southernhealth.ca)

SUBMIT FORM

RESET FORM

For Office Use

Rcvd:  
Request History:

Closed: