

## Order Form: Patient Safety Toolkits

Complete the information below and mail, fax (847.853.6118), or e-mail (quality@aaahc.org) this form. Toolkits will be mailed. For quantities of 25 or more, contact quality@aaahc.org for pricing and shipping options.

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Last Name First Name

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Your Organization Org Street Address (for mailing print versions)

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Phone (in case we have questions) City, State Zip

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Your e-mail

	Toolkit Title	Quantity	Price each	Total
	<b>NEW</b> Care Coordination: Tracking Patient Tests and Referrals		\$10	
UNIVERSAL TOOLS	Opioid Stewardship		\$10	
	Allergy Documentation		\$10	
	Antibiotic Stewardship		\$10	
	Safe Injection Practices		\$10	
	<b>REVISED</b> Peer Review and Benchmarking		\$10	
	Emergency Drills		\$10	
	Credentialing and Privileging		\$10	
SURGICAL SETTING	<b>NEW</b> Flexible GI Endoscope Reprocessing		\$10	
	<b>REVISED</b> Ambulatory Surgery and Preoperative Evaluation		\$10	
	<b>REVISED</b> Ambulatory Surgery and VTE (Venous Thromboembolism)		\$10	
	<b>REVISED</b> Ambulatory Surgery and Preventing Falls		\$10	
	Ambulatory Surgery and Obesity in Adults: Preventing Complications		\$10	
	Ambulatory Surgery and Obstructive Sleep Apnea		\$10	
	Surgical/Procedural Checklists		\$10	
PRIMARY CARE TOOLS	Primary Care and Obstructive Sleep Apnea		\$10	
	Primary Care and Preventing Falls		\$10	
	Primary Care and VTE (Venous Thromboembolism)		\$10	
	Primary Care Checklists		\$10	
	Obesity in Adults (for Primary Care Providers)		\$10	
	Adult Depression and Primary Care		\$10	
	Subtotal:			
Enter Discount Code (If available):				(      )
Total:				

### Payment information:

I have enclosed check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. (Checks payable to: AAAHC, 5250 Old Orchard Road, Ste. 200, Skokie, IL 60077)

Please charge my credit card in the amount of \$ \_\_\_\_\_.

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Card number Expiration Security code

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Cardholder name Cardholder signature