

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.

Last Name First Name

Your Organization Org Street Address (for mailing print versions)

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

Your e-mail

Toolkit Title		Quantity	Price each	Total
UNIVERSAL TOOLS	NEW Opioid Stewardship		\$10	
	NEW Allergy Documentation		\$10	
	NEW Antibiotic Stewardship		\$10	
	NEW Safe Injection Practices		\$10	
	REVISED Peer Review and Benchmarking		\$10	
	Emergency Drills		\$10	
	Credentialing and Privileging		\$10	
SURGICAL SETTING	NEW Flexible GI Endoscope Reprocessing		\$10	
	NEW Ambulatory Surgery and Preoperative Evaluation		\$10	
	REVISED Ambulatory Surgery and VTE (Venous Thromboembolism)		\$10	
	REVISED 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			
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 \$ _____.

Card number Expiration Security code

Cardholder name Cardholder signature