

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
	NEW Care Coordination: Tracking Patient Tests and Referrals		\$10	
UNIVERSAL TOOLS	Opioid Stewardship		\$10	
	Allergy Documentation		\$10	
	Antibiotic Stewardship		\$10	
	Safe Injection Practices		\$10	
	Peer Review and Benchmarking		\$10	
	Emergency Drills		\$10	
	Credentialing and Privileging		\$10	
	SURGICAL SETTING	Flexible GI Endoscope Reprocessing		\$10
Ambulatory Surgery and Preoperative Evaluation			\$10	
Ambulatory Surgery and VTE (Venous Thromboembolism)			\$10	
Ambulatory Surgery and Preventing Falls			\$10	
Ambulatory Surgery and Obesity in Adults: Preventing Complications			\$10	
Ambulatory Surgery and Obstructive Sleep Apnea			\$10	
REVISED 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 \$ _____.

Card number Expiration Security code

Cardholder name Cardholder signature