

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	Care Coordination: Tracking Patient Tests and Referrals	\$10	
	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	
	NEW Medication Reconciliation	\$10	
SURGICAL	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	
	Surgical/Procedural Checklists	\$10	
PRIMARY CARE	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	