

How to Order



Three Easy Ways To Order	Four Convenient Ways to Pay
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1. **ONLINE:** [Click here to order](#)
2. **PHONE:** 800.749.7144
3. **MAIL:** Just complete this order form and mail to us with your check (or credit card information).

1. Personal or Corporate Check
2. VISA
3. Master Card
4. American Express

NOTE: Cost-effective download versions are only available through online credit card purchases. All other orders will be CD-ROM version and will be shipped within 24 hours via Fed-Ex, free of charge.

Companion Collections	Price
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Your Complete Patient Safety Collection purchase includes one (1) Companion Collection regularly priced, as shown below. Your FREE additional collection will arrive in the same Fed-Ex package as your Complete Patient Safety Collection. You will receive with our sincere appreciation and hopes that it will help your organization to reduce errors and injuries.

<input type="checkbox"/> Complete Patient Safety Compliance Collection <ul style="list-style-type: none"> • Includes ALL 120 Patient Safety plans, policies, analytic dashboards, leadership guides as well as staff training tools. • Includes the full Infection Prevention Collection, regularly priced at \$375. <p>Please select one (1) Companion Collection below that you wish shipped with your Complete PS Collection.</p> <p><input type="checkbox"/> Improving Org. Performance (PI) Collection</p> <p><input type="checkbox"/> Nursing & Patient Care POLICIES (175 Policies)</p> <p><input type="checkbox"/> Nursing & Patient Care FORMS (110 Forms)</p>	<p>\$795</p> <p>\$350</p> <p>\$450</p> <p>\$450</p>
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If you prefer, you may also purchase the following compliance collections individually.

<input type="checkbox"/> Infection Prevention Collection <i>(36 HAI Documents) Single CD-ROM</i>	<p>\$375</p>
<input type="checkbox"/> Improving Org. Performance (PI) Collection <i>(30 files, including PI Plan and over 250 Sample PI measures)</i>	<p>\$350</p>
<input type="checkbox"/> Nursing & Patient Care POLICIES (175 Policies)	<p>\$450</p>
<input type="checkbox"/> Nursing & Patient Care FORMS (110 Forms)	<p>\$450</p>

Total \$

Method of Payment

Check

VISA

MasterCard

American Express

Credit Card Information (if applicable)

Card Number: _____

Expiration Date: _____ / _____

CVN*: _____

** 3-digit number on the back of VISA / MasterCard
4 digit number on front of American Express*

Name On Card: _____

Signature _____

Billing Information

Name: _____

Position: _____

Organization / Facility: _____

Department: _____

Address: _____

Email Address: _____

Telephone: _____

Fax: _____

Shipping Information *(Cannot deliver to P.O. Box)*

Same as Billing Information above

Name: _____

Address: _____

Mailing Instructions

When ordering by mail, complete this form and send to:

Hospital Policy Net, Inc.
103 Royal Court – Suite 400
Safety Harbor, FL 34695

If paying by check, be sure to attach your check made payable to **Hospital Policy Net, Inc.**

Toll-free: 800.749.7144
Email: info@HospitalPolicyNet.com

Hospital Policy Net, Inc.
www.HospitalPolicyNet.com