

How to Order



Three Easy Ways To Order

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).

Four Convenient Ways to Pay

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

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>	<p>FREE</p> <p>FREE</p> <p>FREE</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