



Uniform Data System
for Medical Rehabilitation

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The Functional Assessment Specialists

LIFewareSM System

LIFeware[®] Subscriber Resources Order Form

Name: _____ Phone: _____
 Title: _____ Fax: _____
 Facility/organization: _____ UDSMR facility code: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
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Please enter the quantity and total price of the items that you would like to receive.

Item	Quantity		Price
LIFeware SM System Software Guide, LIFeware SM System Clinical Guide, and LIFeware SM System Standard Quarterly Report Explanation Guide (CD-ROM) ‡		x	\$75.00
The FIM System [®] Decision Trees (LIFeware [®] version) ‡		x	\$35.00
FIM [®] Mastery Test ‡		x	\$35.00
Patient Data Entry Module		x	\$300.00
On-site LIFeware [®] software training		x	\$975.00*
On-site LIFeware [®] report analysis		x	\$975.00*
* Plus expenses. Expenses include all travel costs for UDSMR instructors.	Shipping and handling: Add \$10.00 if you purchase anything with a ‡ symbol.		
	Total:		

Orders outside the U.S. will be invoiced for any additional shipping charges, taxes, or tariffs. Prices are subject to change without notice.

Payment Information

Fax this form to UDSMR to 716-568-0037 or send it via postal mail to UDSMR (attn. SCS).

Select your payment method: VISA MasterCard American Express Discover Check

Credit card number: _____ Expiration date: _____ CID # (last 3 digits on back of card): _____

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Billing address of cardholder (required): Check box if address is the same as above

Address 1: _____

Address 2: _____

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Credit card orders will be charged to "UB Foundation Activities Online." Make checks payable to *UB Foundation Activities Inc/UDSMR*. Purchase orders will not be accepted. Full payment in U.S. funds required prior to product shipment. Allow 5–7 business days for delivery. For payment questions, please contact our accounting department at 716-817-7801. For all other questions, please contact our client services department at 716-817-7872.