



UDS-PRO® System Educational Resources Order Form (page 1)

Please enter the quantity and total price of the items that you would like to receive.

Posted Items	Quantity		Subscriber	Nonsubscriber	Price
<i>These items will be provided electronically by posting them to the individual facility's section of the UDSPRO Central™ website. You will be notified of the location. (Nonsubscribers will receive these items via e-mail.) Please allow 3–5 business days for delivery.</i>					
Updated! UDSMR® Physician Query Forms, Version 2 (standard PDF version) <i>If you previously ordered version 1, use this line for a \$100 discount.</i>		x	\$179.00 \$79.00	\$279.00 \$179.00	
Updated! UDSMR® Physician Query Forms, Version 2 (customizable Word version) <i>If you previously ordered version 1, use this line for a \$100 discount.</i>		x	\$279.00 \$179.00	\$379.00 \$279.00	
Interdisciplinary IRF Documentation Forms (Pre-Admission Screening, Post-Admission Physician Evaluation, Individualized Overall Plan of Care, Weekly Team Conference, Physician SOAP Note, Physician Discharge Summary, Interdisciplinary Evaluation, and Swallowing Evaluation) (standard PDF version)		x	\$249.00	—	
Interdisciplinary IRF Documentation Forms (same as above) (customizable Word version)		x	\$499.00	—	
UDSMR® FIM® Flow Sheet (standard PDF version)#		x	\$99.00	—	
UDSMR® FIM® Flow Sheet (customizable Word version)#		x	\$499.00	—	
CNA Report Worksheet (standard PDF version)		x	\$9.99	\$19.99	
IRF-PAI Rating Tutorial, 2 nd Edition: Advanced Scenarios		x	\$279.00	—	
Posted items subtotal:					
Shipped Items	Quantity		Subscriber	Nonsubscriber	Price
NEW! UDSMR® IRF PPS Pocket Guide, Third Edition (discounted rates available)†		x	\$59.00	\$99.00	
UDSMR® Nursing FIM® Reference Tool (one copy)		x	\$25.00	\$35.00	
UDSMR® Nursing FIM® Reference Tool (pack of five)		x	\$100.00	\$140.00	
UDSMR® Nursing FIM® Reference Tool (pack of ten)		x	\$175.00	\$245.00	
IRF-PAI Rating Tutorial (CD-ROM)		x	\$249.00	\$315.00	
IRF-PAI Training DVD		x	\$395.00	\$495.00	
Impairment Group Cards (pack of 25)		x	\$15.00	\$20.00	
FIM® Level Definitions for the IRF-PAI Poster		x	\$10.00	\$15.00	
IRF-PAI Mouse Pad		x	\$5.00	\$10.00	
<i>The Rehabilitation Physician's Guide to IRF Documentation</i> ‡		x	\$399.00	—	
Rehabilitation Physician Documentation Review Template‡		x	\$79.99	\$99.99	
Updated UP Training Module‡		x	\$79.00	\$99.00	
<i>Guide to Documenting Rehabilitation Nursing (standard PDF version)</i> ‡		x	\$99.00	\$125.00	
<i>Guide to Documenting Rehabilitation Nursing (customizable Word version)</i> ‡		x	\$299.00	—	
Shipped items subtotal:					
Shipping and handling: Add \$10.00 if you purchase anything from the Shipped Items section.					
Posted items subtotal (from Posted Items section):					
Grand total:					
<p># Select version: <input type="checkbox"/> 12-hour shifts (plus therapy) <input type="checkbox"/> 8-hour shifts (plus therapy)</p> <p>† Subscribers pay \$59 each for 1–10 books, \$53 each for 11–50 books, \$50 each for 51–100 books, and \$47 each for 101 or more books. Nonsubscribers pay \$99 each, regardless of the number of books ordered.</p> <p>‡ In addition to being shipped, these items will be provided electronically by posting them to the individual facility's section of the UDSPRO Central™ website. You will be notified of the location. (Nonsubscribers will receive these items via e-mail.) Please allow 3–5 business days for posting.</p> <p>Orders outside the U.S. will be invoiced for any additional shipping charges, taxes, or tariffs. Prices are subject to change without notice.</p>					

Don't forget to complete page 2! Without this information, we cannot process your order.



UDS-PRO® System Educational Resources Order Form (page 2)

Name: _____ Phone: _____

Title: _____ Fax: _____

Facility/organization: _____ UD_{SMR} facility code: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Payment Information

Fax this form to UD_{SMR} to 716-568-0037 or send it via postal mail to UD_{SMR} (attn. SCS).

Select your payment method: VISA MasterCard American Express Discover Check

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

Name as it appears on card: _____

Signature: _____

To receive a copy of the credit card receipt via e-mail, enter your e-mail address: Same as above _____

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

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Credit card orders will be charged to "UD_{SMR}BFA." Make checks payable to *UB Foundation Activities Inc/UD_{SMR}*. 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.

Package discounts are available—call your account representative for details.