

informed decisions. get Outcomes.™

Outcomes Supplies



How to order Outcomes Supplies:

- 1. Online:** visit www.getoutcomes.com > Pharmacists > Order Supplies and complete the online order form anytime, 24 hours a day.
- 2. By Fax:** complete the order form below and fax to 515.237.0002, 24 hours a day. Please be sure to include your return fax number.
- 3. By Phone:** complete the order form below and call 515.237.0001 during regular business hours.

Order Form:

Description:	Qty:	Amt:	Total:
Forms & Practice Tools			
Encounter Claim Forms (2 Pads of 100)	_____ @	\$15.00	\$ _____
Patient Education/Monitoring "Mini" Forms (2 Pads of 50)	_____ @	\$15.00	\$ _____
Comprehensive Medication Review (CMR) Forms (2 Pads of 25)	_____ @	\$10.00	\$ _____
Therapy Assessment Guide (TAG) – Proton Pump Inhibitor (2 Pads of 25)	_____ @	\$10.00	\$ _____
Therapy Assessment Guide (TAG) – Statins (2 Pads of 25)	_____ @	\$10.00	\$ _____
Therapy Assessment Guide (TAG) – PPI/Statin Combo (1 Pad of 25 Each)	_____ @	\$10.00	\$ _____
Marketing & Promotional Items			
Personal Pharmacist Program Starter Kit (Each) - SAVE 25%	_____ @	\$60.00	\$ _____
Personal Pharmacist Program Brochures (Package of 20 Plus 5 Return Envelopes)	_____ @	\$10.00	\$ _____
Personal Pharmacist Program Display Stand (Each)	_____ @	\$10.00	\$ _____
Personal Pharmacist Counter Mat (Each)	_____ @	\$10.00	\$ _____
Personal Pharmacist Sample Patient Enrollment Folder (2 Sets)	_____ @	\$10.00	\$ _____
Personal Pharmacist Sales Instruction Guide (Each)	_____ @	FREE	\$ _____
Medication Risk Index Assessments (2 Pads of 50 plus 1 Key)	_____ @	\$15.00	\$ _____
Participating Pharmacy Window Clings (Package of 5)	_____ @	\$10.00	\$ _____
Comprehensive Medication Review (CMR) Bags (Package 20)	_____ @	\$15.00	\$ _____
Multimedia			
"Introduction to Outcomes" Marketing CD-ROM (Package of 5)	_____ @	\$10.00	\$ _____
Personal Pharmacist Training CD-ROM (Each)	_____ @	\$10.00	\$ _____

Applicable shipping/handling charges and sales tax will be applied to all orders.

► Please note the package size for each item. Example: ordering one package of Outcomes Encounter Claims Forms would result in the receipt of 200 forms (two pads each containing 100 Encounter Claim Forms).

Information:

Name: _____
First Last

Mailing Address: _____
Street City State Zip Code

County: _____ Email: _____ Phone: _____

Payment Method:

Credit Card type: VISA MC Bill me

Card Number: _____ Expiration: ____ / ____

Name on Card: _____ Security Code: _____

Signature: _____

(This is a 3 or 4 digit number usually found on the right side of the signature area on the back of your credit card.)