

# Facility Reference Center

## Order Form



Is this a renewal?  Yes  No

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_

Business Address 1: \_\_\_\_\_

Business Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Health Care System: \_\_\_\_\_

### ADMINISTRATOR/CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate your external IP address/address range: From \_\_\_\_\_ To \_\_\_\_\_

If you are purchasing a subscription for the first time and are part of a health care network, please be sure to request your facility's unique, external IP address or range from your IT department for your location(s).

The following IP address ranges are not valid for the Facility Reference Center:

10.0.0.0 – 10.255.255.255 | 172.16.0.0 – 172.31.255.255 | 192.168.0.0 – 192.168.255.255

### ORDER DETAILS

Please note this is a 12-month subscription.

Single Site		
<input type="checkbox"/>	1-2 users	\$575.00
<input type="checkbox"/>	3-5 users	\$1,100.00
<input type="checkbox"/>	6-10 users	\$2,000.00
<input type="checkbox"/>	11-25 users	\$3,750.00
Multi-Site		
<input type="checkbox"/>	2-9 sites	\$5,000.00
<input type="checkbox"/>	10-24 sites	\$9,500.00
<input type="checkbox"/>	25-49 sites	\$21,000.00

#### (INCLUDES)

- All *Guidelines for Perioperative Practice*
- Guidelines Quick Views
- Over 200 clinical FAQs
- In-service PowerPoints
- Audit Tools
- Case Studies
- Clinical Calculators
- Clinical Checklists
- Gap Analysis Tools
- Implementation Roadmap
- Key Takeaways
- Policy and Procedure Templates
- Competency Verification Tools
- Procedures at a Glance
- Positioning at a Glance
- Skin prep at a Glance
- Guidelines and Tools for the Sterile Processing Team
- AORN Guideline and FAQs for Autologous Tissue Management
- Core Curriculum for the RNFA
- Perioperative Job Descriptions
- ASC Infection Prevention Policy and Procedure Templates

Package Subtotal: \$ \_\_\_\_\_

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### PAYMENT INFORMATION

#### METHODS OF PAYMENT

**Option 1**

Pay by Phone - Email your completed form to [orders@aorn.org](mailto:orders@aorn.org) and call Customer Service at 1-800-755-2676 to pay by credit card. **DO NOT** complete page 3.

**Option 2**

Pay by Fax - Complete the credit card payment form on page 3 and fax the complete form to 1-844-241-4050.

**Option 3**

Pay by Mail - Send check or complete the credit card payment form on page 3 and mail complete form to 2170 South Parker Road, Suite 400, Attn: Orders.

#### ORDER PROCESS

1. Complete order form and submit with payment to AORN (a purchase order is not considered payment).
2. Order will be processed and agreement activated after AORN receives both completed order form and payment.

By signing or typing my name below, I agree to the [Facility Reference Center Agreement Conditions](#) for this purchase and any future purchases. If the product purchased is for use by my facility, I am authorized by my facility to bind my facility to the terms of this agreement.

**Type or sign here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### MAIL OR FAX ORDER FORM:

Attn: Orders

2170 S Parker Rd, Suite 400

Denver, CO 80231-5711

**Secure Fax: 1-844-241-4050**

#### QUESTIONS?

Contact Experience Services

US Phone: 1-800-755-2676

International Phone: 1-303-755-6300

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**PLEASE DO NOT EMAIL THIS SECTION BELOW CONTAINING CREDIT CARD DATA. Email sent with credit card numbers are not secure and will be automatically blocked. Only complete this section if you are sending via secure fax (Option 2) or by mail (Option 3).**

Credit Card Type:

Visa    MasterCard    American Express    Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Purchasing Agent Name (if different from credit card holder): \_\_\_\_\_ Phone: \_\_\_\_\_

Purchasing Agent Email Address: \_\_\_\_\_

Total Amount Paid \$: \_\_\_\_\_

### MAIL OR FAX ORDER FORM:

Attn: Orders  
2170 S Parker Rd, Suite 400  
Denver, CO 80231-5711  
**Secure Fax: 1-844-241-4050**

### QUESTIONS?

Contact Experience Services  
US Phone: 1-800-755-2676  
International Phone: 1-303-755-6300

### FOR OFFICE USE ONLY

Version: 1592 1218

Facility Name:

Account #: