Pre-call preparation: Gather the following information: Patient’s name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

- **Situation**
  Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.

- **Background**
  Briefly state the pertinent history. What got us to this point?

- **Assessment**
  Summarize the facts and give your best assessment. What is going on? Use your best judgement.

- **Recommendation**
  What actions are you asking for? What do you want to happen next?

- **Follow-up Action (Next Steps)**
  Document the call and “read back” orders to ensure accuracy. Is there a change in the plan of care? Yes No
SBAR Process / Quality Improvement Action Form

The purpose of this form is to document and outline an action plan to make an improvement to a process or work flow. It is designed to encourage transparency and improve the quality and delivery of patient care.

Situation
(Use the back of this sheet if you need more room to provide explanation.)

Please provide a brief explanation of what the situation is: What is the process that you believe can be improved.

Where does this process and/or situation occur or what area is impacted?

- Preoperative Area (e.g., Holding Area, Inpatient Unit, Admit Area)
- Other Clinical Department (e.g., Pharmacy, Radiology) (Specify Below)
- Administrative Department (Specify Below)
- Other (Specify Below)
- Operating Room
- Procedure Room (e.g., Endoscopy Suite, Procedure Room)
- Labor and Delivery Suite
- PACU

Background
(Use the back of this sheet if you need more room to provide explanation.)

What drew your attention to this? Is this an issue that happens frequently? Does it affect other people? Why make a change?

Assessment
This recommended change will positively impact the following:

- Improve Efficiency
- Reduce Paperwork
- Prevent Harm to Patients
- Increase Workplace Safety
- Cut Costs
- Eliminate Waste
- Increase the Quality of Patient Care
- Speed the Delivery of Care
- Improve Employee Morale
- Increase Patient Satisfaction
- Clarify a Policy or Procedure
- Standardize Care
- Improve Efficiency
- Reduce Paperwork
- Prevent Harm to Patients
- Increase Workplace Safety
- Cut Costs
- Eliminate Waste
- Increase the Quality of Patient Care
- Speed the Delivery of Care
- Improve Employee Morale
- Increase Patient Satisfaction
- Clarify a Policy or Procedure
- Standardize Care

This recommended change will make an impact and improvement(s) in the following:

- Communication between staff
- Staff Changes / Hand-offs
- Work Space Cleanliness
- Other (Please Specify):
- Reduce Rushing / Haste
- Teamwork
- Scheduling
- Equipment Storage
- Supplies and Stocking
- Room Changeover

Recommendation
Please use the back of this form or attach additional pages to answer the following:

1. What can be done to improve this situation / or process?
2. What changes need to happen to ensure that this is fixed or improved?
3. How can you help make this change a reality?
4. What is the simplest, fastest but most thorough way to make this happen?
# SBAR Nurse Shift Report Guide for Labor Patients

## Situation
- **Patient name**: [ ]
- **Date / Time of Admission**: [ ]
- **Age**: [ ]
- **Physician**: [ ]
- **Room**: [ ]
- **Midwife**: [ ]
- **Multiple birth**: yes [ ] no [ ]
- **Previous C-section**: yes [ ] no [ ]
- **Ruptured membranes**: yes [ ] no [ ]
- **High risk for**:
  - shoulder dystocia [ ]
  - pre-eclampsia [ ]
  - maternal post-partum hemorrhage [ ]
  - urine rupture [ ]
  - fetal distress [ ]
  - Gestational age: [ ]
- **Allergies**: [ ]
- **Comorbid conditions (i.e. diabetes, cancer, heart condition, etc.)**: [ ]

## Background
- **Gravida**: [ ]
- **para**: [ ]
- **GBS status**: [ ]
- **Allergies**: [ ]
- **rH**: [ ]
- **Labor History**:
  - membranes / fluid [ ]
  - onset [ ]
  - contractions [ ]
  - dilated [ ] effaced [ ]
  - station [ ]
- **Medications**:
  - P-Gel [ ]
  - oxytocics [ ]
  - tocolytics (magnesium) [ ]
  - antibiotics [ ]
- **Pain (scale / interventions)**: [ ]
- **Epidural**: [ ]
- **Lab work (when ordered / results back)**: [ ]
- **IV**
  - what [ ]
  - bag # [ ]
  - rate [ ]
  - site [ ]
- **EFM**: [ ]

## Assessment
- **Patient is progressing within normal limits; no complications apparent**: [ ]
- **I am concerned about**: [ ]

## Recommendation / Request
- **I suggest or request that you**: [ ]
  - watch for [ ]
  - get test results [ ]
  - new orders [ ]
  - On call / availability [ ]
  - physician [ ]
  - midwife [ ]
  - pediatrician [ ]
  - anesthesiologist [ ]

---

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## 1. Situation

- Patient  
- Room #  
- Admitting Physician  
- Admitting Diagnosis / Secondary Diagnosis  
- Most Current / Pertinent Issues

## 2. Background

Discuss only elements that have recently changed or are pertinent to this patient

- Admit Date  
- Anticipated Date of Discharge  
- Physician / Ancillary Consults  
  - Psych  
  - Surgical  
  - PT/OT  
  - Speech  
  - Wound Care  
- Date / Time last seen by Physician  
- Allergy  
- Code Status / DNR  
- Patient / Family Concerns  
- Medications (pertinent issues / effectiveness)  
- Recent Interventions / Effectiveness  
- Abnormal Labs  
- Vital Signs  
  - Temp  
  - Pulse  
  - Respirations  
  - O₂ Sat.  
- Pain status  
  - Location  
  - Score  
  - Modalities Used  
  - Effectiveness  
- IV  
  - Type  
  - Amount  
  - Site  
- Issues  
- Drains / Tubes  
- Wounds / Dressings  
  - Type  
  - Location  
  - Color  
  - Edema  
  - Temp  
  - Change in Size  
- Decubiti  
  - Stage  
  - Location  
  - Treatment  

**Systems: Discuss only systems pertinent to this patient**

- Neurological / Mental Status  
  - Level of consciousness  
  - Speech Pattern  
  - Dementia  
  - Confusion  
  - Depression  
- Lungs / Respiratory  
  - Lung sounds (rales, rhonchi, wheezes)  
  - Cough (productive (description), dry)  
  - Shortness of breath, difficulty breathing, orthopnea  
  - Respiratory rate  
  - Oximetry  
  - O₂  
- Cardiovascular  
  - Heart Rate  
  - Regularity  
  - SOB  
  - Edema  
- GI  
  - Appetite changes  
  - Diet type  
  - Thickened Liquids  
  - TPN  
  - Weight  
  - Abdominal Tenderness  
  - Distention  
  - Vomiting  
  - Nausea  
  - I @ ml /  
- GU  
  - Catheter  
  - Urine Color  
  - Dysuria  
  - Frequency  
  - Last UTI  
  - O @ ml /  
- Musculoskeletal  
  - Pain  
  - Mobility Issues  
  - Positioning  
  - Fall risk status  
- Assistive Devices  
  - Wheel Chair  
  - Cane  
  - Walker  
  - Other  
- Skin  
  - Temperature  
  - Condition  
  - Edema  
  - Hematoma  
- Discharge Plan / Issues  
  - Case Management  
  - Patient / Family Education  
  - Other

## 3. Assessment

- What do you think is going on with the patient?  
- Do you have concerns about this patient? If yes, are they mild, moderate or severe?  
- Discharge planning issues or concerns that need to be addressed

## 4. Recommendation

- Care / Issues requiring follow-up  
- Orders requiring completion / follow-up  
- Pending treatment / tests  
- Issues / Items left undone that require follow-up

---

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Introduce yourself
The patient I am calling about is ______________________________

Situation
Blood pressure: ____ / ____  Pulse: _____
Respiration: _____  Temperature: _____

The situation I am concerned about is __________________________

The patient's mental status is...
alert and oriented to person, place and time
confused and... cooperative  non-cooperative
agitated and / or combative
lethargic but conversant and able to swallow
stuporous / not talking clearly and possibly unable to swallow
comatose / eyes closed / not responding to stimulation

The patient's skin is...

warm and dry  diaphoretic  mottled
pale  extremities are cold  extremities are warm

The patient... is not on oxygen is on oxygen
The patient has been on ______ (l./min.) or (%) oxygen for ______ minutes (hours)
The oximeter reads ______ %
The oximeter does not detect a good pulse and is giving erratic readings

Assessment
In assessing the situation, I think the problem is ________________

The problem seems to be  cardiac  infection  neurologic  respiratory
I am not sure what the problem is, but the patient is deteriorating
The patient seems to be unstable and may get worse. We need to do something.

Recommendation / Request
I recommend or request that you _______________________________

Do you want to have any tests done?
CXR  ABG  EKG  CBC  BMP  Others

If a change in treatment is ordered, ask...
how often do you want vital signs?
how long do you expect this problem will last?
if the patient does not get better, when would you want us to call again?

The patient's code status is __________________________________
The patient's vital signs are:
Pain ( Scale  1  2  3  4  5  6  7  8  9  10 )

The patient is allergic to: ___________________________________
SBAR Communication Worksheet

Patient Name: __________________

Date: ____________________  Time: AM PM  Location: __________________

Patient Date of Birth: ____________________  Room Number: __________________

Pre-call preparation: Gather the following information: Patient’s name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

☐ Situation
Briefly describe the current situation.
Give a clear, succinct overview of pertinent issues.

☐ Background
Briefly state the pertinent history.
What got us to this point?

☐ Assessment
Summarize the facts and give your best assessment.
What is going on? Use your best judgement.

☐ Recommendation
What actions are you asking for?
What do you want to happen next?

Follow-up Action (Next Steps): Document the call and “read back” orders to ensure accuracy.
Is there a change in the plan of care?  Yes  No
### 1. Situation
- □ Patient
- □ Admitting MD / PCP / NP
- □ Admitting Diagnosis / Secondary Diagnosis
- □ Most Current / Pertinent Issues
- □ Patient / Family Concerns

- □ Patient Status (STR or LTC)
- □ Physician / Ancillary Consults
  - □ Psych
  - □ Surgical
  - □ PT / OT
  - □ Speech
  - □ Wound Care
  - □ Other
- □ Date / Time last seen by MD / NP
- □ Allergy
- □ Code Status / DNR
- □ Medications (pertinent issues / effectiveness)
- □ Recent Interventions / Effectiveness
- □ Abnormal Labs

### 2. Background

**Discuss only elements that have recently changed or are pertinent to this patient**

- □ Admit Date ______________ Anticipated Date of Discharge ______________
- □ Patient Status (STR or LTC)
- □ Physician / Ancillary Consults
  - □ Psych
  - □ Surgical
  - □ PT / OT
  - □ Speech
  - □ Wound Care
  - □ Other
- □ Date / Time last seen by MD / NP
- □ Allergy
- □ Code Status / DNR
- □ Medications (pertinent issues / effectiveness)
- □ Recent Interventions / Effectiveness
- □ Abnormal Labs

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>Temp</th>
<th>Pulse</th>
<th>Respirations</th>
<th>O₂ Sat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain status</td>
<td>Score</td>
<td>Modalities Used</td>
<td>Effectiveness</td>
<td>Location</td>
</tr>
<tr>
<td>IV</td>
<td>Type</td>
<td>Amount</td>
<td>Site</td>
<td>Issues</td>
</tr>
<tr>
<td>Wounds / Dressings</td>
<td>Type</td>
<td>Location</td>
<td>Color</td>
<td>Edema</td>
</tr>
<tr>
<td>Decubiti</td>
<td>Stage</td>
<td>Location</td>
<td>Treatment</td>
<td></td>
</tr>
</tbody>
</table>

**Systems: Discuss only systems pertinent to this patient**

- □ Neurological / Mental Status
  - □ Level of consciousness
  - □ Speech Pattern
  - □ Dementia
  - □ Confusion
  - □ Depression
- □ Lungs / Respiratory
  - □ Lung sounds (rales, rhonchi, wheezes)
  - □ Cough (productive (description), dry)
  - □ Shortness of breath, difficulty breathing, must sit up to breathe
  - □ Respiratory rate
  - □ Oximetry
  - □ O₂ @ _______ liters / per _______
- □ Cardiovascular
  - □ Heart Rate
  - □ Regularity
  - □ SOB
  - □ Edema
- □ GI
  - □ Appetite changes
  - □ Diet type
  - □ Thickened Liquids
  - □ TPN
  - □ Weight
  - □ Abdominal Tenderness
  - □ Distension
  - □ Vomiting
  - □ Nausea
  - □ Last Bowel Movement
  - □ Constipation
  - □ Diarrhea
  - □ Colostomy
- □ GU
  - □ Catheter
  - □ Urine Color
  - □ Dysuria
  - □ Frequency
  - □ Last UTI
- □ Musculoskeletal
  - □ Pain
  - □ Mobility
  - □ Positioning
- □ Functional Status
  - □ Functional goals
  - □ Fall risk status
  - □ Paralysis
  - □ Decreased mobility
- □ Assistive Devices
  - □ Wheel Chair
  - □ Canes
  - □ Walker
  - □ Other
- □ Skin
  - □ Temperature
  - □ Condition
  - □ Edema
  - □ Hematoma
  - □ Other

### 3. Assessment
- □ What do you think is going on with the patient?
- □ Do you have concerns about this patient? If yes, are they mild, moderate or severe?
- □ Discharge planning issues or concerns that need to be addressed

### 4. Recommendation
- □ Care / Issues Requiring Follow-up
- □ Orders Requiring Completion / Follow-up
- □ Pending Treatment / Tests
- □ Issues / Items Left Undone that Require Follow-up

---

**Notes:**

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**SBAR Checklist**

**Critical Situation Call to a Physician or Nurse Practitioner**

**Situation**
Introduction and overview of problem

- My name is ____________________________
- I am calling from _____________________ about __________________________
- The problem I am calling about is _________ (or) I am concerned about __________________________

**Background**
Information pertinent to the problem or your concern

- The admitting Doctor, PCP, or NP is ____________________________
- Admitting diagnosis is ____________________________
- Secondary diagnosis is ____________________________
- Code status / DNR ____________________________
- Allergies ____________________________
- Vital Signs are: 
  - Temp: _____ 
  - Pulse _____ 
  - Respiration ____
- Pain status: 
  - Location 
  - Duration 
  - Changes in severity 
  - Intensity 
  - Pain scale number 
  - Effectiveness of pain meds 
  - Other treatment modalities 
- Current meds pertinent to the problem 
  - Blood thinners 
  - Antibiotics 
  - Other 
- There are changes in the following: 
  - Neurologic: 
    - Speech pattern 
    - Numbness 
    - Paralysis 
    - Weakness 
    - Unresponsive 
    - Delirium 
  - LOC: 
    - Alert and oriented 
    - Confused 
    - Agitated 
    - Combative 
  - Respiratory function: 
    - Pulse ox reading 
    - Difficulty breathing 
  - O2 @ ________ 
  - Breath sounds 
  - Cough 
  - Cardiovascular: 
    - Pain 
    - Heart rate 
    - Heart sounds 
    - Regularity 
    - Chest pain 
    - Edema 
  - GI function: 
    - Tenderness 
    - Distension 
    - Vomiting 
    - Nausea 
  - GU function: 
    - Catheter 
    - I/O 
    - Pain upon urination 
  - Urine color: 
    - Red 
    - Pink 
    - Straw-colored 
    - Dark 
    - Concentrated 
  - Musculoskeletal system: 
    - Pain 
    - Tenderness 
    - Alignment 
    - Mobility 
    - Edema 
  - Skin: 
    - Temp 
    - Dry 
    - Moist 
    - Clammy 
    - Mottled 
    - Cyanotic 
    - Hives 
  - Wound status: 
    - Induration 
    - Drainage 
    - Color 
    - Wound approximation 
  - Abnormal test results: 
    - Labs 
    - INR 
    - Blood gases 
    - Imaging results 
- Other: ____________________________

**Assessment**
What you think is going on

- I think the problem may be ____________________________ (i.e. infection, cardiac, neurologic, fracture, etc.)
- I’m not sure what is going on, but the patient’s condition is deteriorating.
- The patient seems to be unstable and may get worse. We need to do something.

**Recommendation / Request**
What you think should happen / what you need

- I think this patient should be transferred to ____________________________
- I think we need to discuss the code status with the patient / family.
- Do you want to order any tests or make changes in her current treatment plan?
OR Team SBAR Briefing & Debriefing Checklist

Patient Name: ____________________________  Patient Date of Birth: / / 

Date: / /  Time: AM PM  Location: ____________________________  Room Number: ____________________________

Briefing (Pre-surgery)
Elements Performed (check yes or no for each element)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announce team briefing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce all personnel / team members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share critical information about patient and procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage team input and continued cross-talk / communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Surgical Time Out (Surgical Pause)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review plan/procedure and contingency plans as needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask for questions or comments from team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Debriefing (Post-surgery)
Elements Performed (check yes or no for each element)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announce team debriefing</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Background</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss what went well and not-so-well during surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask how / what the team can improve for next time</td>
<td></td>
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<tr>
<td>Ask if the team had the right tools at the right time</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask all team members for any last questions or comments about case</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assign follow-up roles and responsibilities</td>
<td></td>
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</tr>
</tbody>
</table>

Follow-up Action(s) Required: Document the what needs to happen and who is responsible for follow-up.

Action Item: ____________________________________________  Assigned to: ____________________________
Notes: __________________________________________________

Action Item: ____________________________________________  Assigned to: ____________________________
Notes: __________________________________________________

Action Item: ____________________________________________  Assigned to: ____________________________
Notes: __________________________________________________

Action Item: ____________________________________________  Assigned to: ____________________________
Notes: __________________________________________________

Action Item: ____________________________________________  Assigned to: ____________________________
Notes: __________________________________________________

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### SBAR Notepads and Clinical Forms

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<th>Price</th>
<th>Quantity</th>
<th>Total $</th>
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<td>$49</td>
<td></td>
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<tr>
<td>SBAR-002 SBAR Full Page Notepad (Pack of 5 pads)</td>
<td>$49</td>
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<tr>
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<td>SBAR-005 SBAR Shift Report Hand-off Guide (Pack of 5 pads)</td>
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<td>SBAR-010 SBAR Shift Report - Skilled Nursing (Pack of 5 pads)</td>
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<tr>
<td>SBAR-012 OR Team SBAR Briefing &amp; Debriefing Checklist (Pack of 5 pads)</td>
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</tr>
<tr>
<td>SBAR Quick Reference Plastic Hang-tags or “Badge Buddy” (Pack of 25)</td>
<td>$49</td>
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<tr>
<td>SBAR Training Video (DVD Format)</td>
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### Billing Information

**Payment Method**

- [ ] Purchase Order
- [ ] Check
- [ ] Visa / MasterCard
- [ ] American Express
- [ ] Discover

**Credit Card #**

[ ]

3 or 4 Digit Security Code

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**Shipping Information**

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