



**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.					
Item	Quantity		Subscriber	Nonsubscriber	Price
IRF-PAI Impairment Group Coding Tutorial (CD-ROM)*		x	\$249.00	\$315.00	
IRF-PAI Rating Tutorial (CD-ROM)*		x	\$249.00	\$315.00	
UAP Training Module‡		x	\$79.00	\$99.00	
IRF-PAI Training DVD*		x	\$395.00	\$495.00	
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, and Interdisciplinary Evaluation) (PDF version)‡		x	\$249.00	-----	
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, and Interdisciplinary Evaluation) (Word version)‡		x	\$499.00	-----	
UDSMR® Standard Flow Sheet# ‡		x	\$99.00	-----	
UDSMR® Customizable Flow Sheet# ‡		x	\$499.00	-----	
Updated Physician's Guide to Documenting for IRF PPS (coming soon)‡		x	\$399.00	-----	
Guide to Rehabilitation Nursing (PDF version)‡		x	\$99.00	\$125.00	
Guide to Rehabilitation Nursing (Word version)‡		x	\$299.00	-----	
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	
FIM® Reusable Scoring Cards for the UDS-PRO® System*		x	\$2.00	\$5.00	
Webinar CD: Analyzing the Medicare Benefit Policy Manual Changes and the Impact to Your IRF*		x	\$189.00	\$239.00	
* Add \$4.95 for shipping and handling.	<b>Shipping and handling:</b>				
# Select version: <input type="checkbox"/> 12-hour shifts (plus therapy) <input type="checkbox"/> 8-hour shifts (plus therapy)	<b>Total:</b>				
Orders outside the U.S. will be invoiced for any additional shipping charges, taxes, or tariffs. Prices are subject to change without notice. For shipping and handling on orders of multiple items, please add \$10.00 for shipping and handling.					
‡ 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. Please allow 3–5 business days for posting.					

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



**Uniform Data System**  
for Medical Rehabilitation

270 Northpointe Parkway Suite 300, Amherst, New York 14228  
tel: 716-817-7800 • fax: 716-568-0037

*The Functional Assessment Specialists*

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Facility/organization: \_\_\_\_\_ UDS<sub>MR</sub> facility code: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Payment Information**

Fax this form to UDS<sub>MR</sub> to 716-568-0037 or send it via postal mail to UDS<sub>MR</sub> (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): \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

**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 "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.

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