

Wearing Masks Order Form

All materials are available free of charge

We would like to know some information about you: (all right to check more than one selection)

Are you a physician/anesthesiologist? yes no How many people would see this?

- Academic Program _____
- Private Practice Group _____
- Hospital/Outpatient Anesthesia Dept _____
- Individual Seeking Information _____

Are you a CRNA? yes no

- Academic/Teaching Program _____
- Employed by Hospital _____
- Employed by Anesthesiology Group _____
- CRNA Group _____
- Solo Practice _____
- Individual Seeking Information _____

Do you belong to a Physicians Health Program? yes no

- Physician Administrator

Are you a non-medical person seeking information/resources? yes no

Other: Surgery O.R. Staff Hospital Staff Hospital Administration

Whatever your occupation/affiliation, would you be willing to share feedback from your substance abuse sessions with us? yes no

We are developing tools of evaluation of the Wearing Masks Programs and your assistance would be appreciated. How many substance abuse programs do you intend to conduct? _____

Select the item/s you are ordering:

- Portfolio (includes Substance Abuse Policies for Anesthesia (book), DVDs (WMII,III,IV) and Guidebook for Developing Substance Abuse Policies and Procedures and Educational Programs) *(not available)*
 - Substance Abuse Policies for Anesthesia (book) *(not available)*
 - DVDs: WMII (includes WMI) _____ WMIII *(not available)* WMIV _____
- You will be sent 1 of each item you select.

Ship To: Name: _____
Department: _____
Institution: _____
Address: _____

City: _____
State: _____ Country: _____
Zip Code: _____
Daytime Phone Number: _____
Fax Number: _____
E-mail Address: _____

Mail or Fax Order Form to:

All Anesthesia
Attn: Brenda McCrain
PO Box 571009
Winston-Salem, NC 27157-1009

Phone: 336.716.4498
Fax: 336.716.8190
E-mail: bmccrain@wfubmc.edu

Allow 3 weeks for shipping.

Signature

Printed Name

Position/Title