

# 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)
  - Substance Abuse Policies for Anesthesia (book)
  - DVDs: WMII (includes WMI) \_\_\_\_\_ WMIII \_\_\_\_\_ 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