

# AMERICAN ACADEMY OF PAIN MANAGEMENT

# Order Form

**Pain Outcomes Profile (POP)** *Paper & Pencil Version*

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

<b>Pain Outcomes Profile</b>	<b>Quantity</b>	<b>Price</b>	<b>Total</b>
Pain Outcomes Profile Starter Kit <i>includes scoring manual, 1 pack of questionnaire, scoring instrument &amp; record</i> <i>AAPM member</i>		\$55.00	
Pain Outcomes Profile Starter Kit <i>includes scoring manual, 1 pack of questionnaire, scoring instrument &amp; record</i> <i>non-member</i>		\$65.00	
Pain Outcomes Profile 23 item Questionnaire <i>gummed packets of 25</i>		\$7.00	
Pain Outcomes Profile Scoring Instrument <i>gummed packets of 25</i>		\$7.00	
Pain Outcomes Profile Cumulative Patient Scoring Record <i>gummed packets of 25</i>		\$7.00	
Applicable California Tax <i>(residents only)</i>			
Prices Include Shipping and Handling			
Total			

Enclosed is my check or money order payable to AAPM (US funds only)

Please charge to:  Visa  MasterCard

Card#     -     -     -     Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_



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