

PEDS TOOLS® ORDER FORM

Item#	PEDS-Revised® Items	Cost	Quantity	Total
777-PEDS-Revised® (ENGLISH)	1 pack of 50 booklets; each booklet includes a Response form, Score/Interpretation form, Directions and Current Findings page with Action Steps.	\$52.00		
778-PEDS-Revised® (SPANISH)	1 pack of 50 booklets; each booklet includes a Response form, Score/Interpretation form, Directions and Current Findings page with Action Steps.	\$52.00		
780-PEDS-Revised® Bulk Order	20 packs (=1000 PEDS-R® tests in English) at a \$200 discount.	\$840.00		
500-Research and Technical PEDS® Manual,	“Collaborating with Parents” (2nd Edition)	\$99.95		
Item#	PEDS:DM® Items			
800-PEDS:DM® for Pediatric and Public Health encounters (starter kit) (English)		\$339.00		
803-PEDS:DM® for Pediatric and Public Health encounters (starter kit) (Spanish)		\$339.00		
805-PEDS:DM-AL® for Early Childhood and NICU follow-up (starter kit) (English)		\$369.00		
806-PEDS:DM-AL® for Early Childhood and NICU follow-up (starter kit) (Spanish)		\$369.00		
EXTRA COPIES & REFILLS				
810-PEDS:DM® Family Book (English)		\$140.00		
815-PEDS:DM® Family Book (Spanish)		\$140.00		
820-PEDS:DM® Results & Interpretation Form (pack of 100) <i>(formerly known as PEDS:DM®Recording Form)</i>		\$69.00		
830-PEDS:DM® Professional Manual		\$85.00		
840-PEDS:DM-AL® Assessment Level Booklet (pack of 25) (English)		\$96.00		
845- PEDS:DM-AL® Assessment Level Booklet (pack of 25) (Spanish)		\$96.00		
**There is a 30 day limit for credit for a returned order. Returned orders, if damaged, will not be credited. Shipping costs plus a 10% restocking fee will be deducted from undamaged returned orders.		Sales Tax (TN residents only)		
PEDStest®.com, LLC 1013 Austin Court, Nolensville, TN 37135 phone: (615)776.4121 fax: (615)776.4119 web: www.pedstest.com email: evpress@pedstest.com		International Shipping or orders over \$2000:		Contact Us
		US Shipping 9% of total, (\$15.00 minimum)		
		TOTAL		

Billing Information					Shipping Information <input type="checkbox"/> check if same as billing				
Name					Name				
Organization					Organization				
Address					Address				
City					City				
State					State				
Zip					Zip				
Phone					Phone				
Fax					Fax				
Email					Email				
PO <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	MC <input type="checkbox"/>	Who will teach PEDS® Tools in your setting?* (REQUIRED)					
Number:				Expires:					
Signature:					Name:*				
(REQUIRED)					Email:				

By signing above you are agreeing that PEDS-R®/PEDS:DM® Forms cannot be reproduced in any manner.