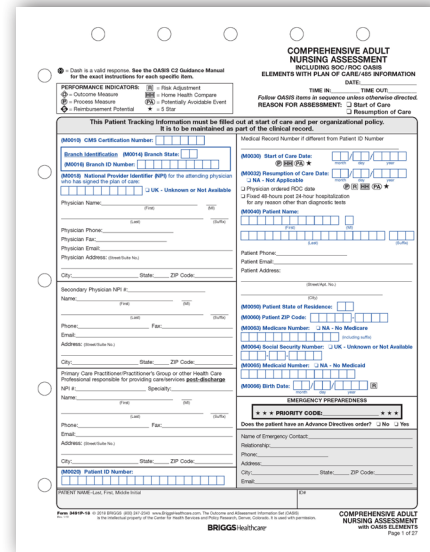


# Order your UPDATED OASIS-C2 Forms!



Are you ready for the cultural change with the implementation of the new 2018 Conditions of Participation (CoPs)? Briggs new OASIS forms support standard §484.55 Comprehensive Assessment of Patients. The OASIS elements have not changed but the CoPs require the comprehensive assessment to collect:

- More in-depth questions regarding patient's current health, psychosocial, functional and cognitive status to be a screen to identify potential issues that may complicate or interfere with the delivery of HHA services and the patient's ability to participate with his or her own care
- Questions/prompts such as patient's strengths and goals to determine what a patient's care preferences are to engage patients in becoming active participants in their own care
- Questions to gather information regarding caregiver willingness, ability, availability and schedules to determine the caregiver's level of comfort in carrying out tasks
- And much more!

## ORDER GUIDE

Item #	Description	List Price	Qty	Total**
3491P-18	Comp. Adult Nursing Assessment including OASIS-C2/ICD-10 SOC/ROC Elements	\$40.00		
3492P-18	Recertification/Follow-Up Assessment including OASIS-C2/ICD-10 Elements	\$34.00		
3493P-18	Discharge Assessment including OASIS-C2/ICD-10 Elements	\$31.00		
3494P-18	Care Summary including OASIS-C2/ICD-10 Elements	\$18.00		
3495P-18	Comp. Adult PT Assessment including OASIS-C2/ICD-10 SOC/ROC Elements	\$35.00		
3496P-18	PT Recertification/Follow Up Assessment including OASIS-C2/ICD-10 Elements	\$32.00		
3497P-18	PT Discharge Assessment including OASIS-C2/ICD-10 Elements	\$31.00		
3498P-18	Comp. Adult OT Assessment including OASIS-C2/ICD-10 SOC/ROC Elements	\$35.00		
3499P-18	Comp. Adult SLP Assessment including OASIS-C2/ICD-10 SOC/ROC Elements	\$35.00		
7739-18	OASIS-C2 Guidance Manual	\$16.75		
1288	OASIS Spinner	\$8.65/ea		

**Grand Total:**

## SHIPPING INFORMATION

Name/Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Acct #: \_\_\_\_\_

## BILLING INFORMATION

Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PO# if applicable: \_\_\_\_\_

## CREDIT CARD INFORMATION (IF APPLICABLE)

Credit Card:  Visa  MasterCard  American Express  
 Expiration Date: \_\_\_\_\_ Credit Card #: \_\_\_\_\_  
 Cardholders Name: \_\_\_\_\_

\*\*Applicable shipping, handling and tax will be added to your order. Prices subject to change without notice.

If you belong to an Ownership or Group Purchasing organization, you may be eligible for additional discounts. Call your Briggs Healthcare representative today for details at 1.800.247.2343.