NATIONAL PRESSURE ULCER ADVISORY PANEL

PUSH (Pressure Ulcer Scale for Healing) Tool

PUSH TOOL COPYRIGHT AGREEMENT FORM:

Please fill this form in and either fax it or mail it to NPUAP Headquarters. We will review it and contact you if there are any problems with your request. By typing "agree" in the box you are free to use the PUSH Tool unless you hear otherwise from NPUAP.

CONTACT INFORMATION:

Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
E-Mail: _____

HOW / WHY WILL YOU BE USING THE PUSH TOOL?
(Attach extra page if necessary)

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LEGAL AGREEMENT:

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