



HEALTH CARE INFORMATION

### Data Products Order Form

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Organization \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ FAX \_\_\_\_\_  
 City, State Zip \_\_\_\_\_ E-mail \_\_\_\_\_

#### Products

#### Price

**Hospital Inpatient** \_\_\_\_\_ **Hospital based Outpatient Surgery** \_\_\_\_\_  
**Ambulatory Surgery Center** \_\_\_\_\_

- Patient Origin Report by patient zip code of residence and hospital
- Hardcopy  Excel Spreadsheet Specify Year(s) \_\_\_\_\_ \$25/per year

#### Annual Cooperative Hospital Survey

- Data set \$500/per year
- Excel Spreadsheet Specify Year(s) \_\_\_\_\_

- Patient Origin Report by patient county of residence and hospital
- Hardcopy  Excel Spreadsheet Specify Year(s) \_\_\_\_\_ \$25/per year

#### Custom Data Sets and/or Analyses

Please contact the Health Care Information Division at [chsadmin@health.ok.gov](mailto:chsadmin@health.ok.gov) or (405) 271-6225

Total Amount Enclosed \_\_\_\_\_

Make check or Money Order payable to: Health Care Information Division

Mail to: Health Care Information  
 Account #400HAX5  
 Oklahoma State Department of Health  
 1000 NE Tenth , Room 807  
 Oklahoma City, OK 73117-1299

Phone: (405) 271-6225  
 FAX: (405) 271-9061

Signature \_\_\_\_\_

Date \_\_\_\_\_