

Patient Safety
Educational
Materials Website



Military Health System
health.mil



Online Ordering Account Registration Form

Contact Information

- Prefix/Rank: *
- First Name: *
- Middle Initial: *
- Last Name: *
- Position/Title: *
- Work Email: *
- Phone: *
- Market/Service: *

Address / Shipping Information

- Facility: *
- Shipping Address: *
- Address 2:
- City, State: *
- Zip: *
- Comments:

SUBMIT FORM

Contact the Patient Safety Program Team
dha.patientsafety@mail.mil