



**>LCSS Order Form**

Please complete this order form for the following materials. See separate section of website for licensing fee information (for use of copyrighted scales).

The LCSS packet will be electronically sent which includes the following:

**LCSS Instruments and Manual** ..... (\$50.00)  
(Patient and Observer LCSS)

**Additional Information** .....(No charge)

1. Overview Monograph
2. License Fee Information
3. Description of Protocol
4. Preparation Information
5. Example of Patient Form
6. Clinical Significance
7. Scoring Instructions
8. Translation Process

**Total Remitted:** ..... \$ \_\_\_\_\_

**SHIP TO:**

Date:		
Dr.	Mr.	Ms.
Name:		
Address:		
Sponsor:		
Telephone #:		
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E-mail Address:		

1. Please type your information on this form and mail to address below.
2. Return form with payment (check or money order).
3. Make **check payable** (in U.S. dollars) to **“Quality of Life Research Associates, LLC.”**

**SEND TO:**

**Patricia Hollen, PhD, RN, FAAN**  
Quality of Life Research Associates, LLC  
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Charlottesville, VA 22903 USA

**E-mail: [lcss.qlra@gmail.com](mailto:lcss.qlra@gmail.com)**