State of Florida Department of Health User Tutorial

Below are instructions for placing orders on the new State of Florida DOH Online Store. You have been set up with your own specific username and password. Please enter your username and password after clicking the appropriate link on State of Florida DOH website (www.doh.state.fl.us). Otherwise, you can go directly to www.americanbus.com/aces and enter your username and password there.

Once you are logged in, click on "DOH Warehouse Item Catalog."

Company eStore

After selecting the "DOH Statewide Health Resources & Publications E-store (SHRPE)," you will be able to select from a list of categories and subcategories. Browse the offered items through the categories or the drop down links. Also, search for specific items with key words in the "Search" field at the top of your screen.

Once you have selected a category, you will have the ability to order print on demand and inventoried items from the item list page by entering in your quantity or click on the thumbnail image to view a larger image of the item. After entering in your quantity, click the "add to cart" button.

SHRPE

▼ DOH Statewide Health Resources & Publications E-store (SHRPE)

Home > DOH Statewide Health Resources & Publications E-store (SHRPE) > Forms

1 - 21 of 80 items

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Add to Cart

DH 0024-6
Description:
No Smoking or Use of Tobacco Sign 50/PK

Price: $3.69
Unit: PK
Qty:

DH 0026-2
Description:
English
Sign: Employees Wash Your Hands 100/PK (8/06)

Price: $11.47
Unit: PK
Qty:

DH 0031-9
Description:
Spanish
Sign: Employees Wash Your Hands (Spanish) 100/PK (5/07)

Price: $15.27
Sale Price: $2.77
Unit: PK
Qty: (7 Available)

DH 1032
Description:
Patient Referral for Volun H/C Provider Prog 50/PK (4/12)

Price: $5.37
Unit: PK
Qty: (858 Available)

DH 1032 S
Description:
Spanish
Patient Referral for Volun H/C

Price: $5.49
Unit: PK
Qty: (0 Available)

View Image

DH 1032 S
Patient Referral for Volun H/C

Quantity: [____] (0 Available)

Unit: PK

Pricing:
Price: $5.49

Product Description:
Patient Referral for Volun H/C Provider Prog Sp 50/PK (2/06)
4 part NCR

Add to Cart

This will bring you to your shopping cart where you can view the items you selected. From here, you can click "Continue Shopping", "Delete Items" or "Proceed to Checkout."

Quick Order
For a faster way to order, click "Quick Order" at the top of the screen. Enter the part numbers of the desired items, click tab to review a description, enter your quantity and click "Add to Cart."

Shopping List

For frequently ordered items, create a shopping list with all of your most frequently ordered items. Click "Shopping List" at the top of your screen to create as many different shopping lists as desired. Once your shopping list is created, you have the flexibility to modify it as needed. To order an item from your supply list, enter the quantity of each item and "Add to Cart."

Check out

In the Shopping Cart, you can edit your order, delete your order or continue shopping. When finished, click "Proceed to Checkout."

All users are required to register. New members can register by clicking on "NEW MEMEBERS SIGN UP HERE."

Enter your billing information into the fields provided. If the shipping information is the same as the Billing, check the "Shipping Information same as Billing Information?" box and the shipping information will populate with the same information. When all required fields are populated, click "Register."

(**Note for repeat shopping**: After registering, you can log in at any time during the shopping experience by clicking the "Login" link at the top of any screen, your bill to and ship to information will auto-populate on the credit card check out page.)

Florida HEALTH

SHRPE

Your one stop source for your business needs. For technical questions, please email Tom Perrin at tperrin@americanbus.com. For procedural questions, please email Forms@doh.state.fl.us.
Please choose from the following shopping options:

Account Registration
Please enter your contact information to setup your account.

Email:
Password:
Confirm Password:

Features:

Statewide Health Resources & Publications E-store Tutorial

Statewide Health Resources & Publications E-store Questions & Answers

Statewide Health Resources & Publications E-store User Satisfaction Survey

Billing Information		Shipping Information	
		☐ Shipping Address Same as Billing?	
Full Name:		Full Name:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:		City:	
State:	Select State	State:	Select State
Zip Code:		Zip Code:	
Country:	United States	Country:	United States
Phone:			
Second Phone:			
Fax:			

[Register]   [Continue Shopping]

Order History

Once registered, navigate back to your shopping cart to continue checking out.

Fill in your Credit Card information and click "Continue to Checkout."

Order Date/Time: 11/20/2012 10:37:34 AM
Customer ID: ASB000000404077

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Order Form   * Required Fields

☐ **Shipping Information same as Billing Information?**
(Check box if shipping address is the same as billing address. If not, please fill in shipping information below.)

Billing Information:
(Please enter the information exactly as it appears on the statement of the Credit Card holder.)

Shipping Information:

☐ **Check box for residential address.**

	Billing			Shipping	
Full Name:	John Doe	* As appears on card	Full Name:	John Doe	-
Company Name:			Company Name:		
Address 1:	123 Main St	-	Address 1:	123 Main St	-
				No PO Boxes, Street Address only	
Address 2:		(Apt./Suite #)	Address 2:		(Apt./Suite #)
Address 3:			Address 3:		
City:	Sunny	-	City:	Sunny	-
County:			County:		
State/Province:	Minnesota	* Non-U.S./Canadian customers please select Other	State/Province:	Minnesota	* Non-U.S./Canadian customers please select Other
Zip/Postal Code:	55555	-	Zip/Postal Code:	55555	-
Country:	United States	-	Country:	United States	-
Phone Number:	555-555-5555	* ex.000-000-0000			
Email Address:	john@doe.com	* Confirmation email will be sent			
Credit Card #:		* Accept Visa, Mastercard, Discover, and American Express			
Card ID:		* Click here for Card ID explanation			
Expiration Date:	Month - / Year -				

Shipping Method: UPS Ground   **Shipping Price: $0.00**

After completing your order, please return to the storefront to take the DOH survey. This is a quick survey that will help us improve your ordering experience. Thank you for your cooperation.

Item #	Description	Unit	Qty	Price	Total Price
DH 1032 S	Patient Referral for Volun H/C Provider Prog Sp 50/PK (2/06)	PK	4	1.00	4.00
				SubTotal:	$4.00
				Shipping:	$0.00
				Total:	$4.00

Special Instructions:

Cancel Order   Continue CheckOut

An order verification page will appear which will include Freight. Click "Order Now" to finalize your order.

Questions

If you have questions along the way, click the "Contact Us" link and complete the fields on the form. Once you click "Submit", your inquiry will route to Tom Perrin for follow-up.

Contact Us

Request:

First Name:

Address:

Last Name:

City:

Company:

State/Province:

Phone:

Zip Code:

E-mail Address:

Order Number:(if applicable)

You must supply either a phone number or e-mail address.

◉ Please e-mail a reply

◯ Please phone with a reply

Clear   Close Window   Submit

Satisfaction Survey

It would be appreciated if you could complete the satisfaction survey. Press Ctrl +Click the logo below to begin the survey.