



# Physician Orders for Life-Sustaining Treatment (POLST) Order form



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Tel. 503-494-3965 Fax 503-494-1260 [polst@ohsu.edu](mailto:polst@ohsu.edu) [www.polst.org](http://www.polst.org)

## POLST Forms

### Price

DATE: \_\_\_\_\_

- 50 POLST Forms \$15.00 (shipping included)
- 100 POLST Forms \$28.00 (\$25.00 + \$3.00 shipping)
- 250 POLST Forms \$51.00 (\$45.00 + \$6.00 shipping)
- 500 POLST Forms \$99.00 (\$90.00 + \$9.00 shipping)

## Brochures & Wallet Cards

### Price

- POLST English Brochure Qty. \_\_\_\_\_ 35¢ each
- POLST Spanish Brochure Qty. \_\_\_\_\_ 35¢ each
- POLST Wallet Cards Qty. \_\_\_\_\_ 50¢ each

## DVD (VHS available upon request)

### Price

- "POLST At Work" Qty. \_\_\_\_\_ \$5.00 each (shipping included)
- "Your End-of-Life Prescription" Qty. \_\_\_\_\_ \$5.00 each (shipping included)
- "Honoring the Wishes of the Spanish Speaking Patient & Family" Qty. \_\_\_\_\_ \$5.00 each (shipping included)
- "The Oregon POLST Registry" Qty. \_\_\_\_\_ *First copy free, additional copies \$5.00 each (shipping included)*

Total Due \$: \_\_\_\_\_

PO# \_\_\_\_\_

## Shipping Address

Facility: \_\_\_\_\_

ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing Address** (if different): \_\_\_\_\_

## Payment Options:

- Request an Invoice
  - make checks payable to **OHSU FOUNDATION**
  - remit payment to above address
- Pay by Credit Card: Cardholder \_\_\_\_\_  
Card Number \_\_\_\_\_  
 Visa     MC    Expiration Date \_\_\_\_\_

## ONLINE ORDERING!

Visit <http://www.ohsu.edu/polst/programs/oregon+order+form.htm> to order online.