



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



3181 SW Sam Jackson Park Way, Mail Code: UHN-86, Portland, Oregon 97239
Tel. 503-494-3965 Fax 503-494-1260 polst@ohsu.edu www.polst.org

POLST Forms

Price

DATE: _____

- 50 POLST Forms \$15.50 (shipping included)
- 100 POLST Forms \$29.00 (\$26.00 + \$3.00 shipping)
- 250 POLST Forms \$53.50 (\$47.50 + \$6.00 shipping)
- 500 POLST Forms \$104.00 (\$95.00 + \$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://bit.ly/POLSTORDER> to place an order online.