



## Critical Care Units

### Accessing POLST Forms from the Oregon POLST Registry

- Critical Care Units may request a POLST form by calling the Registry Office toll-free at 1-877-367-7657 between 8am and 5pm Monday through Friday. Outside of regular operating hours, callers may press “0” to be transferred to the Emergency Communications Center (ECC) at OHSU.
- Emergent requests for POLST forms can only be sent to confirmed fax numbers. To confirm a fax number, critical care units should complete the [Request for Direct Fax to Unit](#) below. If a non-registered unit is requesting a POLST form, it will be faxed to the Emergency Department.
- The Registry is not able to provide immediate access to POLST orders for residential care facilities, medical offices, or other non-emergency health care professionals or entities. Requests for POLST forms by these health care groups, or non-urgent requests for POLST information by hospital units, will be responded to within 1 business day by the Registry office staff.

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### Critical Care Unit Request for Direct Fax to Unit

Please complete the information below to add additional hospital critical care unit fax numbers to the Registry. All fields are mandatory. By filling out the information below, you certify that you have the authority to make this request, and that the fax number(s) listed are able to accept a patient’s protected health information. Fax numbers submitted to the Registry must be renewed annually, or anytime the unit’s contact information changes. Send completed form via fax to **503-418-2161** or via e-mail to [polstreg@ohsu.edu](mailto:polstreg@ohsu.edu). Please allow 5-10 business days for your request to be processed and confirmed via return fax. For questions please e-mail [polstreg@ohsu.edu](mailto:polstreg@ohsu.edu) or call Jenny Cook, Registry Coordinator at 503-494-1230.

**From:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hospital Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**1) Unit Name:** \_\_\_\_\_ **Unit Fax number:** \_\_\_\_\_

**Primary Contact Person for Unit:** \_\_\_\_\_ **Unit Phone number:** \_\_\_\_\_

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**2) Unit Name:** \_\_\_\_\_ **Unit Fax number:** \_\_\_\_\_

**Primary Contact Person for Unit:** \_\_\_\_\_ **Unit Phone number:** \_\_\_\_\_

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