



**Advance Care Planning Guide (ACP Guide) Provider Orders for Life Sustaining Treatment (POLST)  
Portable-Do Not Attempt Resuscitation (Portable-DNR) POLST Brochure**

Foundation for  
Healthy Communities

**ORDER FORM**

<b>Advance Care Planning Guides</b>	<b>Price</b>	<b>Quantity Ordering</b>	<b>Total</b>
Booklets 10-199	\$2.00 each + shipping costs		
Lots of 200	\$110.00 + \$15.00 shipping = \$125.00		
Lots of 1,000	\$470.00 + \$80.00 shipping = \$550.00		
Lots of 5,000	\$2,150.00 + \$350.00 shipping = \$2500.00		

For an individual ACPG go to <http://www.healthynh.com/publications.html>

<b>Portable-DNR Forms (Pink)</b> (These forms are available to health providers <u>only</u> .)	<b>Price</b>	<b>Quantity Ordering</b>	<b>Total</b>
Minimum order of 100	\$15.00 + \$10.00 shipping = \$25.00		
Lots of 200	\$25.00 + \$10.00 shipping = \$35.00		

<b>POLST (Yellow)</b>	<b>Price</b>	<b>Quantity Ordering</b>	<b>Total</b>
Lots of 100	\$15.00 + \$10.00 shipping = \$25.00		
Lots of 200	\$25.00 + \$10.00 shipping = \$35.00		

<b>POLST Brochure</b>	<b>Price</b>	<b>Quantity Ordering</b>	<b>Total</b>
Lots of 100	\$45.00 + \$5.00 shipping = \$50.00		
Lots of 200	\$80.00 + \$5.00 shipping = \$85.00		

**TOTAL Order:** \$

**BILLING/SHIPPING INFORMATION**

Contact Name:

Title:

Name of Institution:

Street Address (No PO Box #s):

City: State: Zip:

Phone#: Purchase Order#:

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**Credit Card # and Expiration Date:**

(credit card number gets shredded after order placed)

Should you have any questions, please contact Noreen Cremin at Tel: (603) 415-4275 or Fax: (603) 225-4346 or email at [ncremin@healthynh.com](mailto:ncremin@healthynh.com)

**Make checks payable to:**  
Foundation for Healthy Communities  
**Mail to:**  
Foundation for Healthy Communities  
125 Airport Road, Concord, NH 03301  
**Attn:** Noreen Cremin

**\*\*\* ALL ORDERS MUST BE ACCOMPANIED BY CHECK OR CREDIT CARD# - VISA OR MC ONLY.**

**\*\*\* DOES NOT APPLY TO OUR MEMBER HOSPITALS)**

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