

Order Form-Call 316-686-7172 or Fax Your Order

To: Wichita Medical Research & Education Foundation Fax: 316-687-0033

From: _____ Date: _____

Kansas Advance Directives Documents available

		How Many	X Price	= Cost
#115	Healthcare Power of Attorney - 50 per pad		\$ 5.00	
#115 S or V	Healthcare Power of Attorney Spanish or Vietnamese		Online only	
#120	Living Will - 50 per pad		\$ 5.00	
#120 S or V	Living Will -Spanish or Vietnamese		Online Only	
#130	Do Not Resuscitate Directive - 50 per pad		\$ 5.00	
#130 S or V	Do Not Resuscitate - Spanish or Vietnamese		Online only	
#150	Make the Decision Yours Brochure - English		\$.40	
#150 S or V	Make the Decision Yours Brochure Spanish or Vietnamese		Online only	
#160	Summary/KS Advance Directives - Leaflet		\$.25	
#170	Life Sustaining Treatments - Leaflet		\$.25	
#180	Medically Assisted Nutrition & Hydration - Leaflet		\$.25	
#190	Choosing an Agent - Leaflet		\$.25	
#195	Understanding Do Not Resuscitate - Leaflet		\$.25	
#195 S or V	Understanding Do Not Resuscitate -Spanish or Vietnamese		Online Only	
#200	Sample Packet		free	
#210	Wallet Cards		\$.15	
	Cost of documents			
	Add Postage and Handling			
	Subtotal			
	Sales Tax (Subtotal X local tax %)			
TOTAL AMOUNT				
	❖ Spanish and Vietnamese online only			

Postage & Handling: The shipping charge applied to any order will be the actually cost of postage. There is no charge for orders picked up.

Company Name: _____ Contact Person: _____

Ship to: _____ Bill To: _____

Address: _____ Telephone: _____

City: _____ County: _____ State: _____ Zip: _____

Purchase Order # _____ Email: _____

Check Enclosed We invite you to phone or fax your order. We figure tax and shipping and enclose an invoice with your shipment.

Sales Tax? If you don't pay sales tax, we need your exemption certificate.

Please add me to your mailing list.

Send to: **Wichita Medical Research & Education Fdn.**
3306 E Central
Wichita, KS 67208

Telephone: **(316) 686-7172**
 Fax: **(316) 687-0033**



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