

Order Form for Supplies and Information Regarding
**Colorado Patient or Authorized Agent's Directive to Withhold
 Cardiopulmonary Resuscitation (CPR)**

Ship to: _____ Attn: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Quantity		Price per 25	TOTAL
	CPR Directives (English)	\$11.00	
	CPR Directives (Spanish)	\$11.00	
	CPR Directive Information Packet	\$ 1.50	
Add Postage - 1 - 5 pack \$10.00			
6 packs or more call for estimate			
Add Sales Tax		7.72%	
If you are tax-exempt, include a copy of your sales tax exemption form.			
Total			\$

To ensure delivery, please complete the "Attn:" section of the mailing address. All orders must be prepaid before they will be shipped. Forms are shipped by UPS (No P.O. Box addresses.) Please allow two weeks for delivery. *If our records indicate an order has been billed and shipped, we are not responsible for lost orders.*

Payment must accompany all orders!

If paying by **check or money order**, please send this form along with payment to:



1925 S. Rosemary St., #H
 Denver, CO 80231
 303-923-0000

If paying by **credit card**, please send this form to the address listed at the left, or fax to:
303-923-0001

Visa Master Card American Express

Card #: _____

Exp. Date: ____/____ *Security Code _____

 Authorized Signature

 Print Name

*Three-digit code located on the back of your card near the signature bar.

Please complete if billing address on credit card is different from above.

Street Address: _____

City, State, Zip: _____