

Order Form-Call 316-684-1991 or Fax Your Order

Prices Effective May 1, 2008

To: Kansas Health Ethics

Fax: 316-684-2096

From: _____

Date: _____

Corporate Membership Discounts Available -Call (316) 684-1991

KHE DOCUMENTS

		How Many	X Price	= Cost
#115	Healthcare Power of Attorney – 50 per pad		\$ 5.00	
#120	Living Will – 50 per pad		\$ 5.00	
#120 V	Living Will – Vietnamese – 25 per pad		\$ 3.50	
#130	Do Not Resuscitate Directive – 50 per pad		\$ 5.00	
#130 NCR	Do Not Resuscitate – 3 part sets – 25 per pad		\$ 8.00	
#130 S	Do Not Resuscitate – Spanish – 50 per pad		\$ 5.00	
#130 V	Do Not Resuscitate – Vietnamese – 25 per pad		\$ 3.50	
#140	Do Not Hospitalize – Patient or Physician Form		\$.15	
#150	Make the Decision Yours – Brochure – English		\$.40	
#150 S	Make the Decision Yours – Brochure – Spanish		\$.40	
#160	Summary/KS Advance Directives – Leaflet		\$.20	
#170	Life Sustaining Treatments – Leaflet		\$.20	
#180	Medically Assisted Nutrition & Hydration - Leaflet		\$.20	
#190	Choosing an Agent – Leaflet		\$.20	
#200	Sample Packet		free	
#210	Wallet Cards		\$.15	
#220	End-of-Life Cards – 7 cards per pack		\$10.00	
	The Ethics Handbook		\$35.00	
	Cost of documents			
	Quantity/Member Discount May Apply (Call for information)			
	Documents Total			
	Add Postage and Handling (See chart)			
	Subtotal			
	Sales Tax (Subtotal X local tax %)			
	TOTAL AMOUNT			

Postage & Handling: **A \$2.00 charge to cover time and packaging will be added to orders which are picked up at the KHE office.**

Total cost of Items:	Up to \$8.00	\$8.01 to \$25	\$25.01 to \$50.	\$50.01 to \$75	\$75.01 to \$100	More than \$100.
Add	\$3.50	\$7.00	\$10.00	\$13.00	\$16.00	\$19.00

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. (We can send you one to fill out.)
- Please add me to your mailing list.

Send to: **Kansas Health Ethics, Inc.**
5900 E. Central, Suite 101
Wichita, KS 67208

Telephone: **(316) 684-1991**
 Fax: **(316) 684-2096**
 e-mail: pmishler@kansashealthethics.org

KHE Offers Education/Training/Consulting Services. Call for information
Advance Directives, Ethics Committees, Case Review, Writing Policies

www.kansashealthethics.org