



Questions regarding orders: contact Pat Wood in Forms Inventory @ 231-935-8228
 Questions regarding the forms themselves: contact Stephanie VanSlyke in the ACP Dept @ 231-935-7277

| Form Number | HSS-McKesson item number | Description | Packs Quantity |
|-------------|--------------------------|---|----------------|
| *1742 | 11419 | Advance Medical Directive & Treatment Preferences Booklet (50/pack) | |
| *11649 | 66151 | Advance Care Planning Workbook (50/pack) | |
| 6945 | 27242 | Advance Care Planning Brochure (25/pack) | |
| 11305 | 61264 | Mechanical Ventilator Brochure (50/pack) | |
| *6581 | 24281 | Understanding CODE Status Brochure (50/pack) | |
| 4950 | 23045 | MI-POST Physician Order (25/pack) | |
| 11582 | 67561 | MI-POST Brochure (50/pack) | |
| 11804 | 69074 | SPANISH Advance Medical Directive & Treatment Preferences (10/pack) | |
| *12152 | 72610 | ACPdecisions- Guide to CPR (50/pack) | |

***Form is also available to print off online at www.munsonhealthcare.org/acp.**

Name of Person Requesting: _____ Phone: _____

Organization/Office: _____

Date of Request: _____ Date documents needed by: _____

Send documents to:

Address: _____ City: _____ Zip: _____

Special instructions: _____

If you have access to McKesson HSS e-Requisition, please order ACP documents there. If you do not have access, please complete this form and fax to ATTN: *NMSA, Forms Inventory* @231-947-2436



Making Your Medical Wishes Known

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munsonhealthcare.org/advancecareplanning