MUNSON HEALTHCARE

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 E-Req. System form number	Description	Ordering 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)	

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

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