

# Order Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Choices (LW/HCP/A Forms): \$ \_\_\_\_\_

*\$3 for one, \$2 each additional*

Conversations: \$ \_\_\_\_\_

*\$1 each*

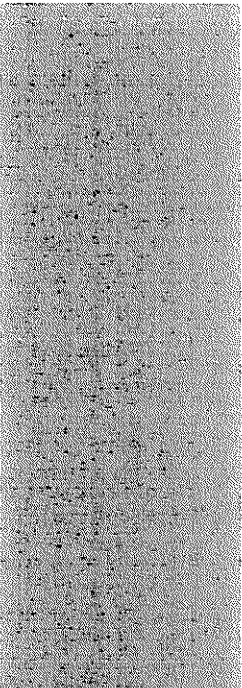
Total Payment: \$ \_\_\_\_\_

Mail this form, along with your payment to:

**OHPCO**

555 Metro Place North, Suite 650  
Dublin, OH 43017

Checks payable to OHPCO)



*Additional resources are found at  
the following web sites:*

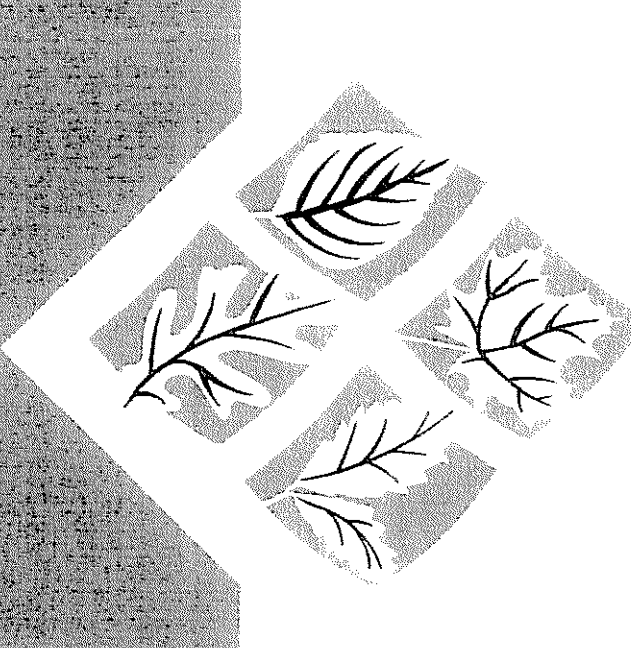
*[www.osbf.net](http://www.osbf.net) (Light The Way)*

*[www.caringinfo.org](http://www.caringinfo.org)*



**Ohio  
Hospice &  
Palliative Care Organization**

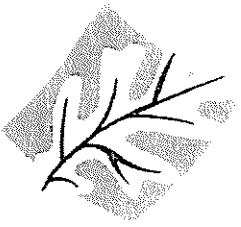
555 Metro Place North  
Suite 650  
Dublin, OH 43017  
1-800-776-9513  
[www.ohpco.org](http://www.ohpco.org)



*“It’s about how  
you live”*

*Ohio’s  
Advance Directive  
Resources*

**ORDER FORM**



Today, advances in medicine and medical technology save many lives that only 60 years ago might have been lost. Unfortunately, this same technology sometimes artificially prolongs life for people who have no hope of recovery.

Most people avoid thinking about death and dying, but these are inescapable realities of life. These realities can be made easier to face when you plan for your medical future and share your choices with your family.

The Ohio Hospice & Palliative Care Organization, in cooperation with the Ohio End of Life Collaborative, has produced resources that contain information and official forms that will help you take control of your future medical care.

**Choices: *Living Well at the End of Life*** is an advance directives packet that consists of resources to help you plan for end of life care. Included in this packet you will find the following official advance directive forms and detailed information:

- ◆ The Living Will (LW) document enables you to decide in advance the type of care you would want if you were to become permanently unconscious or terminally ill and unable to communicate.
- ◆ The Living Will (LW) also contains an “Anatomical Gift” option and Donor Registry Enrollment Form.

The Health Care Power of Attorney (HCPA) form enables you to select someone to make decisions for you should you be unable, at any time, to communicate your wishes.

An explanation of the Do Not Resuscitate Order (DNR) (a signed physician DNR order) that informs healthcare personnel that you do not wish to be resuscitated in the event of a cardiac or respiratory arrest, that is *if and when your heart and/or breathing stops*.

An explanation of hospice care and services along with answers to frequently asked questions.

#### ***Conversations That Light the Way: Advance Care***

**Planning** is a workbook designed to help you explore your options, define your choices, and guide conversations with your family members about end of life care preferences. In this workbook, you will find:

- ◆ Health Care Scenarios that illustrate the importance of looking at the benefits and burdens of certain treatments.
- ◆ Questions that encourage an exploration of personal values and health care goals.
- ◆ Issues to consider when naming a person to be your decision-maker, also known as an “agent.”
- ◆ A list of books and websites to assist you in planning.
- ◆ A glossary of terms.

The issues involved in drafting a Living Will and Health Care Power of Attorney are vitally important. In addition, having meaningful conversations with family members and your agent is essential.

**The information found in both of these packets will help you make and document decisions that are right for you.**

## ***To Order:***

Please complete the attached order form and send it with a check or money order made payable to:

OHPCO  
555 Metro Place North  
Suite 650  
Dublin, OH 43017

All orders must be in writing and accompanied by payment. Instead of ordering multiple packets or workbooks, you may wish to order one and photocopy them for use by others. In addition, this information is available on OHPCO's website (in Adobe.pdf format).

You are not required to have an attorney complete advance directives. If, after receiving the resource materials, you have questions about completing forms, you may wish to consult with an attorney, your healthcare provider or OHPCO.

**For more information:**  
Call OHPCO at 1-800-776-9513  
1-614-763-0050 FAX  
or visit our website at [www.ohpco.org](http://www.ohpco.org).