

Oregon POLST Registry Quick Reference:

Completed POLST Forms

- ✓ Confirm required fields are complete and legible
 - First and Last Name –Provider Signature
 - Date of Birth –Date Signed
 - At least one order selection is completed*** (example: In section B ‘Limited Intervention’ is checked)
**The Registry cannot accept forms marked Attempt CPR & Comfort Measures Only*
- ✓ Confirm the patient has not “opted-out”
 - If the “opt-out” box (forms 2009 and newer) is checked the form should not be sent to the Registry
- ✓ Inclusion of address information for the patient is **HIGHLY** recommended
- ✓ Send to the Registry:
 - Copies of the **front and back** sides of the POLST form
 - Cover sheet to identify your institution

Fax: 503-418-2161

Mail: 3181 SW Sam Jackson Park Rd, Mail Code: BTE234, Portland, OR 97239

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