



ORDER FORM



Do Not Resuscitate (DNR) Medical Orders for Scope of Treatment (MOST)

The **Medical Orders for Scope Of Treatment (MOST)** form and
the **Do Not Resuscitate (DNR)** form
May only be ordered by a Physician's Office or Licensed Health Care Facility

PAYMENT IN ADVANCE WITH ORDER IS REQUIRED **The cost for either form is 4 cents each**

To place an order,
complete this form and mail with a check or money order to:

North Carolina Office of Emergency Medical Services
Division of Health Service Regulation
ATTENTION: DNR/MOST Order
2707 Mail Service Center
Raleigh, NC 27699-2707

Please Type or Print Clearly and Use black or blue ink Only:

Ship To:

Name: _____

Organization: _____

Business Shipping Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Description:	Quantity:	Cost:
MOST FORM (pink form)		
DNR FORM (yellow form)		
TOTAL number of Forms Ordered:		
Amount for Forms (Total number of Forms X \$0.04 each):		
Shipping Cost:		
AMOUNT DUE:		

Shipping costs:

1 to 10 forms \$0.80
11 to 25 forms \$1.26
26 to 50 forms \$2.18
51 to 100 forms \$3.95
101 to 250 forms \$5.22

Note: for orders larger than 250,
extrapolate the rate (e.g. for an
order of 1000 forms shipping
cost would be \$5.22 X 4, or \$20.88)

Make check or money order payable to:
N.C. Division of Health Service Regulation

Check enclosed in amount of: _____

Date: _____