

OFFICE OF BEHAVIORAL HEALTH

Order Form for Mental Health Law Forms

Contact: _____ Phone: _____

Email: _____ All orders are shipped via USPS unless otherwise notated below:

Bill To: _____ Ship To: _____ FedEx Acct: _____
 _____ ATTN: _____

 _____ ATTN: _____
 _____ Phone#: _____

**Third Party or Recipient
(circle one)**

Please fax your order to 225-342-2578. All orders will be filled in the order they are received (and as supply allows). If you do not provide FedEx account information, shipping will be included on your invoice and your order will be delivered via USPS. **Acceptable payment methods are check (made payable to Office of Behavioral Health) or Inter-Agency Transfer (for ISIS Agency's).** If supplies are low, we reserve the right to reduce your order. 1st Time orders are limited to 10 pads per form. If you have not received your order within two (2) weeks of submittal, please call 225-342-2540. *****Please periodically check our website for an updated Order Form. Thank you!*****

Qty of Pads	Cost Per Pad	Form #	Description		
				On Invoice, please reference PO# _____	
	\$6.55	OBH 1	Physician's Emergency Certificate (2 part form - 50/pk)	ISIS Agency Coding: Agency #: _____	
	\$6.55	OBH 1A	Psychologist's Emergency Certificate (2 part form - 50/pk)	Org #: _____	
	\$6.55	OBH 2	Coroner's Emergency Certificate (2 part form - 50/pk)	Obj. Code: _____	
	\$1.87	OBH 4	Acknowledgement of Notification of Rights (25/pad)	Reporting Cat: _____	
	\$4.52	OBH 6	Transfer (2 part form - 25/pk)		
	\$2.05	OBH 7	Formal Voluntary Admission (25/pk)	Shipping Costs (10 pads per flat rate box)	
	\$2.05	OBH 8	Non-Contested Admission (25/pk)	1 pad	\$5.25
	\$8.00	OBH 9	Physician's Report to Court (3 part form - 50/pack)	2 pads	\$5.49
	\$2.05	OBH 10	Petition for Judicial Commitment (25/pk) Non-Legal	3 pads	\$6.16
	\$2.05	OBH 11	Petition for Judicial Commitment (25/pk) Hospital/Facility	4 pads	\$7.24
	\$4.52	OBH 13	Notification to Family of Emergency Certificate (2 part form 25/pk)	5 pads	\$8.09
	\$2.05	OBH 14	Request for Release-Formal Voluntary Admission (25/pk)	6 pads	\$8.63
	\$3.75	OBH 15	Discharge Procedures (25/pad)	7 pads 8 pads	\$9.26 \$9.68
	\$3.75	OBH 16	Rights of patients (LA R.S. 28 Sec. 171) (25/pk)	9 pads	\$8.65
	\$2.05	OBH 19	Request for Protective Custody (25/pk)	10 pads	\$11.30 (flat rate box)
	\$2.55	OBH 20	Order for Protective Custody (25/pad)	Example:	Shipping 11 pads: \$16.55 \$11.30 for flat rate box (10 pads) \$5.25 for one envelope (1 pad)
	\$6.55	OBH 143	Physician's Certificate for Minors		
Total Qty:	Total Cost:			Total Shipping Cost:	\$
				Total Cost of Forms:	\$
				Total Order:	\$

Fax to: 225-342-2578. Order form is located on the Office of Behavioral Health's website, www.obh.dhh.la.gov, under the Mental Health tab. *****Please periodically check our website for an updated Order Form. Thank you!*****