

OFFICE OF BEHAVIORAL HEALTH Order Form for Mental Health Law Forms

Contact: _____ Phone: _____

Email: _____

Bill To: _____ _____ _____	Ship To: _____ _____ _____	Shipping Account Information: Ex: Fed Ex, UPS _____ _____ _____
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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 shipping 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.

Qty of Pads	Cost Per Pad	Form #	Description (50 forms per pad)		
	\$4.00	OMH 1	Physician's Emergency Certificate	On Invoice, please reference PO # _____ ISIS Agency Coding: _____	
	\$4.00	OMH 1A	Psychologist's Emergency Certificate		
	\$4.00	OMH 2	Coroner's Emergency Certificate		
	\$0.55	OMH 4	Acknowledgement of Notification of Rights		
	\$0.55	OMH 6	Transfer		
	\$0.55	OMH 7	Formal Voluntary Admission	Shipping Costs	
	\$0.55	OMH 8	Non-Contested Admission	(10 pads per flat rate box)	
	\$0.90	OMH 9	Physician's Report to Court	1 pad	\$4.75
	\$1.10	OMH 10	Petition for Judicial Commitment	2 pads	\$5.20
	\$1.10	OMH 11	Petition for Judicial Commitment	3 pads	\$5.85
	\$1.10	OMH 11	Petition for Judicial Commitment	4 pads	\$6.45
	\$0.55	OMH 13	Notification to Family of Emergency Certificate	5 pads	\$7.00
	\$0.55	OMH 14	Request for Release-Formal Voluntary Admission	6 pads	\$7.50
	\$0.55	OMH 15	Discharge Procedures	7 pads	\$7.90
	\$0.55	OMH 16	Rights of patients in MH Treatment Facilities	9 pads	\$8.65
	\$0.55	OMH 19	Request for Protective Custody	10 pads	\$10.35 (flat rate box)
	\$0.55	OMH 20	Order for Protective Custody	Example:	Shipping 11 pads: \$15.10 \$10.35 for flat rate box (10 pads) \$4.75 for one envelope (1 pad)
	\$4.00	OMH 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.