



Office of Community Health Systems
MEDICAL INCIDENT REPORT (MIR) ORDER FORM

Make Check or Money Order Payable To:
DOH, Emergency Medical Services
 PO Box 1099 Olympia WA 98507-1099

REQUESTOR'S NAME			DATE	
TELEPHONE NUMBER	AGENCY/FACILITY NAME	AGENCY/FACILITY NUMBER	FEDERAL ID NUMBER (IF APPLICABLE)	
MAILING/SHIPPING ADDRESS		CITY	STATE	ZIP CODE

ITEM	PRICE	INDICATE QUANTITY
MIR Forms		
2 Pads (50 Forms)	\$13.64	
8 Pads (200 Forms)	\$34.14	
1 Case (36 Pads) <i>Indicate number of cases desired</i>	\$132.41	
MIR form Amount		
Supplemental MIR Forms		
1 Pack (25 Forms)	\$11.00	
1 Case (800 Forms)	\$64.25	
Supplemental MIR form Amount		
SUBTOTAL		
<i>Add local sales tax amount or leave blank and attach exemption documentation.</i>		
TOTAL AMOUNT		

Questions? Contact us at (360) 236-2800.

DOH 530-108 April 2010

-----**Please separate before mailing**-----

Medical Incident Report (MIR) Order

For DOH Use Only

Name _____

Amount Paid _____ Date Filled _____

By Whom _____

THIS FORM MAY NOT BE DUPLICATED