DHMH Pamphlets ORDER FORM

Name: ____________________________________________________________

Firm Name: _______________________________________________________

Address: __________________________________________________________

P. O. Box: ______________________________ State: __________ Zip Code: ______

City: ____________________________ Phone: ____________________________ Fax: ______________________

Email: ____________________________

Codification # | Pamphlet Title                                                                 | Price / # |
---------------|-------------------------------------------------------------------------------|-----------|
COMAR 10.05    | Freestanding Ambulatory Care Facilities — August 2013.............................. | * $10 × __|
COMAR 10.07.01 | Acute General Hospitals and Special Hospitals — Nov 2014 ........................... | $10 × ___ |
COMAR 10.07.02 | Comprehensive Care Facilities and Extended Care Facilities — May 2014 ......... | $15 × ___ |
COMAR 10.07.03 | Health Care Staff Agencies — Sep 2014 ................................................... | $ 9 × ___ |
COMAR 10.07.05 | Residential Service Agencies — June 2014 ................................................ | $11 × ___ |
COMAR 10.07.06 | Hospital Patient Safety Program — Apr 2004 ............................................. | $ 8 × ___ |
COMAR 10.07.07 | Nursing Referral Service Agencies — Dec 2006........................................... | $ 8 × ___ |
COMAR 10.07.09 | Residents’ Bill of Rights: Comprehensive Care Facilities and Extended Care Facilities — Mar 2010 ...................................) | $ 9 × ___ |
COMAR 10.07.10 | Home Health Agencies — Aug 2002 .................................................................. | $ 8 × ___ |
COMAR 10.07.11 | Health Maintenance Organizations — Aug 2010 .......................................... | $10 × ___ |
COMAR 10.07.14 | Assisted Living Programs — August 2013 .................................................... | $15 × ___ |
COMAR 10.07.21 | Hospice Care Programs — Sep 1998 .................................................................. | $ 9 × ___ |
COMAR 10.10    | Laboratory Regulations — June 2013 ............................................................ | $15 × ___ |
COMAR 10.12.04 | Day Care for the Elderly and Adults with a Medical Disability — Jan 2015 ....... | $ 9 × ___ |
COMAR 10.15.03 | Food Service Facilities — May 2014 ............................................................ | $15 × ___ |
COMAR 10.21    | Mental Hygiene Regulations — May 2014 ...................................................... | $27 × ___ |
COMAR 10.22    | Developmental Disabilities — May 2014 ...................................................... | $20 × ___ |
COMAR 10.47    | Alcohol And Drug Abuse Administration — May 2014 ................................... | $15 × ___ |
COMAR 10.51    | Forensic Laboratories — May 2014 .............................................................. | $15 × ___ |
COMAR         | Nurse Practice Act — January 2015 ............................................................... | $25 × ___ |

TOTAL: $________

* Price of pamphlets includes shipping.

Payment Method, ______ Check enclosed, made payable to: “The Division of State Documents”

Choose/Check one: ______ VISA / Master Card / American Express / Discover card payment:

Acct.# ____________________________ Exp. Date: ____________________________

Signature: ____________________________ Tel: ____________________________

Return form and payment to: Office of the Secretary of State
Division of State Documents – State House – Annapolis, MD 21401
Tel: 410-260-3876 ~ 800-633-9657 ~ Fax: 410-280-5647

Note: COMAR prices change frequently. Check the date on the lower right hand corner of this form. If the form is more than 2 months old, call the Subscription Manager (410-260-3876) to confirm prices.