

Health Care Provider who Dispenses Medical Aid-in Dying Medication Reporting Form

Mail completed form to:

Colorado Department of Public Health and Environment Attn: Kirk Bol, Vital Statistics Program 4300 Cherry Creek Drive South, Denver, CO 80246-1530

Items that must be submitted:

Patient Information
Patient's Last Name

1. Completed and signed Health Care Provider who Dispenses Medical Aid-in-dying Medication Reporting Form

(This form may be revised periodically. To assure that you are using the most current version, please refer to: https://www.colorado.gov/cdphe)

Please print:

Patient's First Name

Middle Initial

Date of Birth

В	Prescribing Physician Information					
	Physician's Last Name		Physician's	s First Name	Middle Initial	Telephone #
С	Dispensing Health Care Provider Information					
	Provider's Last Name		Provider's	First Name	Middle Initial	
	Mailing Address					()
	City, State, Zip Code					
D	Aid-in-Dying Medication Dispensed					
	Medication	Quantity		Date Prescribed		Date Dispensed
	Dispensing Health Care Provider	's Signature				Date
	1					revised 1/2018