



**COLORADO**

Department of Public  
Health & Environment

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

Mail completed form to:

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

(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:

A	Patient Information			
	Patient's Last Name	Patient's First Name	Middle Initial	Date

B	Prescribing Physician Information			
	Physician's Last Name	Physician's First Name	Middle Initial	Telephone # ( )

C	Dispensing Health Care Provider Information			
	Provider's Last Name	Provider's First Name	Middle Initial	Telephone # ( )
	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