



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
Attn: Kirk Bol
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 of Birth	

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	