


SEND A COPY OF THIS FORM TO THE OREGON STATE PUBLIC HEALTH DIVISION
ATTENDING PHYSICIAN'S COMPLIANCE SHORT FORM
ORS 127.800 - ORS 127.897
MAIL FORM TO: Oregon State Public Health Division, Center for Health Statistics,
P.O. Box 14050, Portland, OR 97293-0050

PLEASE PRINT

A PATIENT INFORMATION		
	PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH:
	MEDICAL DIAGNOSIS	

B PHYSICIAN INFORMATION		
	NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER: () —
	MAILING ADDRESS	
	CITY, STATE AND ZIP CODE	

C PHYSICIAN AGREEMENT		
	In lieu of completing the standard Attending Physician's Compliance Form, I elect to make available to the Public Health Division the relevant portions of the patient's medical record to determine compliance with the Death with Dignity Act (Measure 16 adopted by Oregon voters 11/08/94 and codified as ORS 127.800 through 127.897).	
	Note: This form may be used only if <u>all</u> information required on the standard "Attending Physician's Compliance Form" is provided in the patient's medical record.	
	Comments:	
	 PHYSICIAN'S SIGNATURE	DATE:

Note: Besides this form, **it is the attending physician's responsibility** to send the following documents to the Public Health Division:
1) Patient's written request; 2) Consulting physician's report; and 3) Psychiatric evaluation referral report (if performed).

Copies of this form are available at: <http://www.healthoregon.org/dwd>

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