

PHARMACY DISPENSING RECORD

Oregon Death with Dignity Act - ORS 127.800 - ORS 127.897

SEND FORM TO: OHA Center for Health Statistics

Email: DWDA.Forms@oha.oregon.gov / Fax: 971-673-5332 / Mail: P.O. Box 14050, Portland, OR 97293-0050

PLEASE PRINT

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

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

C DISPENSING HEALTH CARE PROVIDER INFORMATION	
NAME (LAST, FIRST, M.I.):	TELEPHONE NUMBER:
MAILING ADDRESS:	
CITY, STATE AND ZIP CODE:	DATE OF THIS REPORT:

D MEDICATIONS DISPENSED			
MEDICATION	QUANTITY	DATE PRESCRIBED	DATE DISPENSED
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
#10			