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. DATE PRESCRIBED AND DISPENSED	
DATE PRESCRIBED:	
DATE DISPENSED:	

E. MEDICATIONS DISPENSED	
QUANTITY	**MEDICATION**

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

Rev. 04/26