Clear Form

Washington State Department of Health

DOH 422-067 May 2022

PHARMACY DISPENSING RECORD

MAIL FORM TO:
State Registrar, Center for Health Statistics, PO Box 47856, Olympia, WA 98504-7856

The Washington Death with Dignity Act requires health care providers who dispense a lethal dose of medication under the Act to report to the Department of Health information that documents compliance with the law. RCW 70.245.150 requires the dispensing health care provider to complete and mail this form within thirty (30) calendar days of dispensing a lethal dose of medication. ***Important note: RCW 70.245.150 does not permit forms to be submitted electronically to the Department of Health.*** All individual information will be kept strictly confidential. Aggregate information will be provided on an annual basis. If you have questions about these instructions, please contact DeathwithDignity@doh.wa.gov.

A	PATIENT INFORMATION	
	PATIENT'S NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:
	MAILING ADDRESS:	
	CITY, STATE AND ZIP CODE:	

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.) AND TITLE:	TELEPHONE NUMBER:
	MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE):	
	EMAIL ADDRESS:	DATE OF THIS REPORT:

D	MEDICATIONS DISPENSED			
	MEDICATIONS (select all that apply)	QUANTITY	DATE PRESCRIBED	DATE DISPENSED
	☐ Diazepam			
	☐ Amitriptyline			
	☐ Digoxin			
	☐ Morphine			
	☐ Metoclopramide			
	☐ Propranolol			
	☐ Haloperidol			
	☐ Other (specify):			

E	SIGNATURE		
	DISPENSING HEALTH CARE PROVIDER'S ORIGINAL SIGNATURE: ✖	TELEPHONE NUMBER:	DATE:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.