

Prescribing Physician Instructions

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Under direction of the Oregon Death with Dignity law (Oregon Revised Statute [127.800-127.995](#)), the Oregon Department of Human Services requires you to complete the [Attending \(prescribing\) Physician's Compliance Form](#), which is on our website.

You may use the form as a legal guide. Below are instructions to complete the form and other legal requirements of the Aid-in-Dying law.

Sections A and B are self-explanatory.

Section C: The first oral request for medication to end life may be recorded as the date the patient requested this from any attending physician, including you. Interview your patient so you can check every box. The possible risk is vomiting. There have been 3 awakenings out of over 500 people due to malabsorption (2) and vomiting with bowel obstruction (1). The date you use for the second oral request must be 15 days or more after the first oral request and the request can be made by phone.

In C. 3, fill in date on patient's Request for Medication Form-all 3 dates on form must be identical.

Section D: Fill in the date that the Consulting Physician signed his or her form.

Section E: If your patient has intact judgment, check the first box. If you are unsure, contact us for assistance – 503-525-1956.

Section F: You may prescribe the medication if **all** of the following requirements are met:

1. You have the completed [Consulting Physician's Compliance Form](#).
2. A minimum of 15 days has expired from the date of the first oral request.
3. You have the completed patient's [Request for Medication Form](#).
4. **48 hrs** have passed from the date on the Request for Medication form.

Fill in the date you write the prescription. Interview your patient so that you are able to check all 5 boxes, sign and date the form.

Contact us for a cooperating pharmacy and the protocol.

Our volunteers will assist your patient with preparing the drug and being present at ingestion.

Within 7 days after you write the prescription, mail the 3 forms (both physicians' forms and the Request for Medication form) to: Center for Health Statistics, PO Box 14050 Portland, OR 97293-0050

Fill out the Death Certificate as follows:

1. Under "Immediate Cause of Death" (part 50), insert the patient's terminal illness.
2. Under "Manner of Death" (part 52), check "Natural".