



Date: _____

Pages: _____ (including cover sheet)

TO:	
Name:	Office of the Chief Medical Examiner (Calgary)
Fax:	780-643-7057 or 403-297-8134
Phone:	403-297-8123

TO:	
Name:	MAiD Reporting
Fax:	403-592-4266 or 1-888-220-2729

FROM:	
Name:	
Fax:	
Phone:	

Re: Medical Assistance in Dying Documentation / Checklist

- Record of Request for Medical Assistance in Dying
- Providing Practitioner Record for Medical Assistance in Dying
- Consent to Treatment
- Record of Medication Administration
- Waiver of Final Consent (if applicable)
- Reporting should be sent to **both** the ME's Office and MAiD Reporting

MESSAGE:
