



Date: \_\_\_\_\_

Pages: \_\_\_\_\_ (including cover sheet)

TO:	
<b>Name:</b>	Office of the Chief Medical Examiner (Edmonton)
<b>Fax:</b>	<b>780-643-7062</b>
<b>Phone:</b>	780-427-4987

TO:	
<b>Name:</b>	MAiD Reporting
<b>Fax:</b>	<b>403-592-4266 or 1-888-220-2729</b>

FROM:	
<b>Name:</b>	
<b>Fax:</b>	
<b>Phone:</b>	

**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:**

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