Department of Health Care Services
Narcotic Treatment Programs, MS 2603
PO Box 997413
Sacramento, CA 95899-7413

NTP Patient Death Report

Mail to: Department of Health Care Services
Narcotic Treatment Programs Unit, MS 2603
PO Box 997413
Sacramento, CA 95899-7413

OR * FAX to: (916) 440-5230

* **Please confirm receipt by calling (916) 322-6682**

NARCOTIC TREATMENT PROGRAM INFORMATION

Licensee:

Licensed Address:

Telephone Number:

FAX Number:

NTP License Number:

Contact Person:

PATIENT DATA

Dose level: _____

Take-home status: _____

HIV + Yes ☐ No ☐

Tuberculosis Yes ☐ No ☐

Hepatitis Yes ☐ No ☐

Cirrhosis Yes ☐ No ☐

The California Code of Regulations, Section 10195, requires that ADP receive this report from the program within **one (1) working day** if death occurs at the program site, or if ingestion of medication provided by the program may have been the cause of death; and within **90 calendar days** for all other patient deaths.

PATIENT INFORMATION

Patient Name

Patient DOB:

Patient Record Number:

Age of Patient at Death:

Gender: M☐ F☐

Date of Patient Death:

Date Death Information was received by Program:

Cause of death and all relevant details known about the death of the patient:

If cause of death unknown, a copy of the coroner's report or certificate of death is attached? ☐ Yes ☐ No

CERTIFICATION

I certify that the above information is true and reflects all the information available to the program.

Signature of Program Physician _____ Printed Name _____ Date _____