

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	PATIENT DATA
Licensee:	Dose level: _____
Licensed Address:	Take-home status: _____
Telephone Number:	HIV + Yes <input type="checkbox"/> No <input type="checkbox"/>
FAX Number:	Tuberculosis Yes <input type="checkbox"/> No <input type="checkbox"/>
NTP License Number:	Hepatitis Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Person:	Cirrhosis Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> F <input type="checkbox"/>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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