END OF LIFE PROCEDURE FORM

☐ Physician notified (PCP)
By_________________________  Date  ________________

☐ Sympathy card sent
By_________________________  Date  ________________

☐ Patient record updated (IDX)/Appointments canceled/IDX flagged
By_________________________  Date  ________________

☐ Patient chart reviewed by Team Leader
By_________________________  Date  ________________

☐ Prescriptions canceled/ local, mail order, etc.
By_________________________  Date  ________________

☐ Durable medical equipment/Diabetic Supply company(s) contacted
By_________________________  Date_________________  NA_____

☐ Referrals office notified
By_________________________  Date_________________  NA_____

☐ Death certificate completed
By_________________________  Date_________________  NA_____

☐ Patient family contacted/counseling
By_________________________  Date_________________  NA_____

Revised 10/05