



## INSTRUCTIONS FOR FILLING OUT “REQUEST FOR MEDICATION” FORM

DO NOT sign this form until you have seen both an Attending (prescribing) and a Consulting Physician who have agreed to participate in the Washington Death with Dignity Act and submit the state forms required.

If you are unable to sign your name, you may sign an alternative mark, as long as witnesses recognize that it represents your signature. A common alternative mark is an “X”.

Please read the note on the form about who may, and may not, be a witness. Both witnesses must see you sign this form. All dates on this form must be identical, or the form is invalid.

- One copy of the “Request for Medication” form goes to the Attending (prescribing) Physician.
- We recommend keeping one copy for your records.

If you have questions or if you would like assistance completing this form, contact End of Life Washington at 206.256.1636.

End of Life Washington is a nonprofit organization that provides information, education, and support to people facing terminal or irreversible illness. We advocate for excellent end-of-life care, the use of advance directives, and patient-centered care. We uphold the right of qualified patients to use Washington’s Death with Dignity Act. Confidentiality is strictly protected. There is never a fee for our services.

