



Practice Details:.....

Tel No

Fax No.....

Date.....

Doctor's Name

Coroner,

Name of Deceased

H&C Number

Coroners Service

PACEMAKER-OTHER REACTIVE DEVICES or ANGINA GTN PATCH – YES/NO – Give details -

Date of Birth of Deceased/...../.....

Address

Occupation.....

The above was a patient of the practice for the past..... years, and had a medical history of:.....

We last saw him/her on.....at.....

when he/she was suffering from.....

He/She died on the..... at.....

in the following circumstances:

Death was confirmed by me/Dr..... and to the best of my knowledge and beliefs he/she died from:

I (a)

due to

(b)

due to

(c)

II

Yours faithfully,

GMC no:

N.B. This form should only be used if the coroner has confirmed that an autopsy is not required. It need not be accompanied by an unsigned certificate, but should as far as possible contain the following information:

1. Name, D.O.B., address and occupation of deceased.
 2. How long a patient and any relevant medical history.
 3. When last seen and condition then.
 4. Time, date, place and circumstances of death, giving any final symptoms.
 5. Name of suitably qualified person who saw body and confirmed death.
 6. The cause of death, specifying same as on a death certificate (and not including anything which did not contribute to the death).
- Please ensure that this form is fully completed.**