

Overdose Fatality Review Practitioner's Guide Sample Documents

Sample Template: Meeting Minutes

OFR Meeting Date: Present: [Name, Agency] Updates: Incident#: Date: Time: Address: District: Case narrative: Partner/agency reports (add/remove partners listed as appropriate): • Medical examiner's/coroner's office: • Emergency medical services: • Police department: • Department of corrections: • Health department: • Drug treatment provider(s): • Hospital: Themes: Recommendations: