To: EMS Coordinator/ED Manager

Please Submit Completed Form to the EMS Coordinator/ED Manager at the Receiving OhioHealth Facility

| PURPOSE | | DATE SUBMITTED |
|--|---|-----------------------------------|
| ☐ Patient Follow-up Information | | |
| ☐ Compliment / Complaint / Suggestion / Other | | |
| REQUESTER INFO | | |
| Your Name: | Title: | |
| EMS Agency: | City | County |
| Station #: | Shift / Unit Day: | |
| Work Phone: | Work Email: | |
| EMS AGENCY INFO | | |
| EMS Coordinator: | Title: | |
| Station #: | Shift / Unit Day: | |
| Work Phone: | Work Email: | |
| PATIENT FOLLOW-UP INFO Follow-Up Information Will Be Emailed To The EMS (Performance Improvement | .) Coordinator's Work Email Address via C | DhioHealth's Secure Email System. |
| Incident / Run #: | Transported By (Unit/Squa | |
| Transport Date: | Time at ED: | |
| Patient Name: | DOB: | ☐ Male ☐ Female |
| Primary Complaint / Mechanism of Injury: | | |
| ADDITIONAL INFORMATION COMMENTS | | |
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