

EMS POLICY 620

Attachment F
MEDICAL TRANSPORTATION
INFORMATION LOG

Field Form # _____
 Nature _____
 Location _____

Date: _____
 Base: _____
 MD/MICN: _____
 PARAMEDIC/EMT: _____

NO.	METTAG # (not required for call-in)	PRIORITY/ COLOR	AGE	DESTINATION	AMBULANCE	TIME
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