

Emergency Medical Services (EMS) Board of Prince Edward Island

c/o Emergency Health and Planning Services – Health PEI

16 Garfield Street, PO Box 2000

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EMERGENCY CALL-OUT FORM

Last Name:		Middle Name:		Office Use Only
First Name:		License #:		
	Date (DD/MM/YYYY)	Patient Call Report (PCR / MIN #)	Clinical Impression	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
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10)				
11)				
12)				
13)				
14)				
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