

PROCEDURE FORM

(Forward copy of run form to EMS too)

Department: _____

Date: _____

Run Number: _____

Firefighter Name: _____

Cert. #: _____

Brief Description of Patient Presentation:

Procedure (Check):	AED	Aspirin	Albuterol	Epi-Pen
	NTG	Oral Glucose		King Airway

Dose/Size: _____

Indication for Use:

Patient Condition (Check):

Improved No Change Worsened

Signature: _____

Please send to: Michael Will at Fax # 574-4372
or Michael.Will@louisvilleky.gov