GENESEE COUNTY MEDICAL CONTROL AUTHORITY AMBULANCE RUN RECORD ADDENDUM SHEET

DATE: _____ **SERVICE:**_____ **RUN NO.:** _____

PATIENT'S NAME: _____

ADDITIONAL INFORMATION: _____

DRIVER _____

EMT_____

RECORDED BY_____

PARAMEDIC (If Applicable)_____

White copy - Agency / Canary Copy – Hospital ER / Pink Copy - PSRO / Goldenrod Copy - Pharmacy