GENESEE COUNTY MEDICAL CONTROL AUTHORITY AMBULANCE RUN RECORD ADDENDUM SHEET

DATE:	SERVICE:	RUN NO.:	
PATIENT'S NAME:			
ADDITIONAL INFORMATION	I:		
		DRIVER	
		ЕМТ	
White copy - Agency / Canary	y Copy – Hospital ER / Pink Copy - PSRO / Goldenrod Copy - Pharmacy	RECORDED BY	
		PARAMEDIC (If Applicable)	