



## GREENUP EMERGENCY AMBULANCE SERVICE LLC PATIENT CARE REPORT

855-854-4100

COPY

P1

Unit #

Date

Crew Members

Certification

(Legal Name as printed on EMT Card)

J. Berham James

Emt-P

J. Forest Jimmy

Emt-B

Run Type: ☒ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1330	148/52	58	20	98		180	98
1345	150/53	58	20	98		180	98
1355	140/52	58	20	98		180	98
1400	142/54	58	20	98		180	98

TIME	PROCEDURE/RX	DOSE	ROUTE

Treating Physician/PCP

Social Security Number

Medicare

Medicaid

Other Insurance

Policy Number

Name of Insured

*Military Time*	TIME	MILEAGE
DISPATCHED	1324	11.3
ENROUTE SCENE	1326	11.3
ARRIVE SCENE	1330	12.0
PATIENT CONTACT	1340	12.0
ENROUTE FACILITY	1340	12.0
ARRIVE FACILITY	1357	19.6
RETURN TO SERVICE		

IV ☐ Yes ☒ No

Gauge/Catn

Location

Started By:

Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular☐ 12Lead☐ 4 Lead Interpretation:☐ Transmitted to

Allergies: Regular

PMH: DBK, Acid

Reflux

Chief Complaint/Reason for Stretcher: Heart Burn For 2 or 3 years

Narrative: Pt States He needs more test Run Because  
He is Unable to Control His Acid Reflux. States It's  
Been Going on for 2-3 years. Pt States No Acute issues  
Just knows We Can Get Him Seen Sooner. Pt Loaded &  
Assessed All Vitals Stable. Pt Transferred to KDMC w/out  
Incidents

☐ Continued

Signed:

Printed:

J. Berham James  
J. Forest Jimmy

Equipment left with Drop off Facility:

☐ Vent ☐ BIPAP ☐ CPAP ☐ Other

RECEIVING FACILITY SIGNATURES

Please sign and print your first and last name and as per Medicare guidelines, your signature must contain a legible first and last name.

Signed:

Printed:

BRANDON FURCHON

Copy of PCR left with facility: ☐ Yes ☐ No