PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

-			er: 855-85	4-4100						P1	
				1825 -23-20							
	Unit # Date Run Type: PEmergency Transport							EMT			
				Run Type:	E Eme	rgency	☐ Tra	ansport		= AEMIT = Paramedic	
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Other Insurance			- /			_					
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Policy Number Name of Insured			-		P			_			
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DISPATCHED			Started By	7:		ange/C	ath	Location Time:		_	
ENROUTE SCENE	0342	126,9		Monitor	☐ Yes	<u></u>	6 0	Regula	41	regular	
ARRIVE SCENE	0348	130.0	□ 12Le		/				1		
PATIENT CONTACT				☐ 4\ead interpretation:							
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RETURN TO SERVICE					_			1			
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(Legal Name as printed on EMT Card) Crew Signatures (Legal Name as printed on EMT Card) Please sign and physician sine and so at Medicare sign and physician sine and so at Medicare sign and physician sine and so at Medicare sign and physician sine and physi							uktă erryguideline	s, yoursig	naturemust		
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AND THE MARON DENTRY EMTP				Printed Mad Man L							
Attendant Signature / Printed Name				1.6. 141.	C = -70.						
Signature / Printed Name				left with	racility:	i	Yes 🛘 ı	NO		1	
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