



DIVISION OF FIRE & EMERGENCY SERVICES
PROTECTED HEALTHCARE INFORMATION RECORD
EMS REPORT RELEASE

INCIDENT NUMBER: _____

DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

PATIENT INFORMATION

PATIENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PERSON/LAW OFFICE REQUESTING REPORT: _____

NAME OF PERSON PICKING UP REPORT: _____

RELATIONSHIP TO THE PATIENT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHOTO IDENTIFICATION for the person picking up this report was provided & approved. _____

Driver License Number; State ____, # _____

Signature of Person receiving the report

Date _____

Signature of Custodian providing the report

Date _____