## NOTE: THIS FORM MUST BE COMPLETED WHEN REQUESTING AN EMS RUN REVIEW.

## BAY COUNTY MEDICAL CONTROL AUTHORITY #0:08 - SPECIAL CHART REVIEW OR COMPLAINTS

DATE OF CALL:	TIME OF CALL:	
NATURE OF CALL:		
PARAMEDICS/EMT'S:		
REVIEW REQUESTED BY:		
REASON FOR REVIEW:		_
***COPY OF INCIDENT DOC'S REPORT***	MENTATION AND ALL DISPATCH TIMES MUST BE ATTACHED TO THIS	
COMMENTS:		
QUALITY ASSURANCE COM	ITTEE RESPONSE:	

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