

PreMIS # sticker

# PreMIS Supplemental Form

911 Call Date

/ / 2 0 0

911 Call Time

:

Patient's Last Name

Patient's First Name

System Incident #

Agency #

Unit #

**PROCEDURES - PLEASE PRINT CLEARLY WITHIN BOXES**

Procedure	Time	Procedure	Size	Success	Technician #
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	



fax: 1-877-PREMIS1  
www.premis.net

**VITAL SIGNS - PLEASE PRINT CLEARLY WITHIN BOXES**

Time Taken	Card Rhy	SBP	DBP	Pulse	SaO2	Resp	Blood Gluc

Draft

**TREATMENT- PLEASE PRINT CLEARLY WITHIN BOXES**

Treatment	Time	Treatment	Admin. Route	Dosage	Dosage Units	# Times Given	Improved	Technician #
							<input type="radio"/> Yes <input type="radio"/> No	
							<input type="radio"/> Yes <input type="radio"/> No	
							<input type="radio"/> Yes <input type="radio"/> No	
							<input type="radio"/> Yes <input type="radio"/> No	
							<input type="radio"/> Yes <input type="radio"/> No	

**RUN REPORT NARRATIVE - PLEASE PRINT CLEARLY WITHIN BOX**

Lined area for Run Report Narrative.

Signature of Crew Member 1

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