

EMS/EMD QI
DISPOSITION SHEET

Date of QI Review: _____

| | | |
|---|----------------|-----------|
| PCR # | EMD # | Blotter # |
| Item Identified: | | |
| Person responsible for delivery to referred person/agency | | " N/A |
| Referred to: | Date referred: | |
| " Medical Director | | |
| " Grand rounds | | |
| " Management: Ambulance/Hospital (circle one) | | |
| " Crew | | |
| Results of referral: | | " N/A |
| Signed: | | Date: |
| Date of final committee review: _____ | | " N/A |
| Conclusion: | | |
| Signed: | | Date: |