



CARDIAC ARREST REPORTING FORM

Fax

To: Eileen Flatgard From: _____
Fax: 530-621-2758 Pages: _____
Phone: 530-295-6905 Date: _____
Re: PCR #

Urgent For Review Please Comment Please Reply Please Recycle

● Instructions:

Print a copy of this fax cover sheet and insert your agency's name and the PCR number. Please fax the completed form and the PCR directly to the EMS Agency with 24 hours.

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