## **AMBULANCE-TO-HOSPITAL RADIO REPORT**

9. E.T.A. (Estimated Time of Arrival)		d. Pupils e. Skin 8. Treatment In Progress If Pertinent:	7. Vital Signs: Time:	5. History (What Happened):	3. Patient's Chief Complaint(s):  4. Location of Injury	2. Age: Sex:	SSE	Time:	Date: / /	Ambulance Name & Unit #
		ress If Pertinent:	Time:	lppened):	mplaint(s):	.: Doctor	Patient 4.	☐ AM 2.		Unit #
	Minutes						. Minor . DOA		Life Threatening	

## **AMBULANCE-TO-HOSPITAL RADIO REPORT**

Ambulance Name & Unit #

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E.T.A. (Estimated Time of Arrival)	a. Pulse b. Respirations c. B.P. d. Pupils e. Skin Treatment In Progress If Pertinent:	Level of Consciousness:	4. Location of Injury	nt's Chief Complaint(s):	Date:// AM Time: PM  1. Class Patient 2. Age: Sex: Do
Minutes					<ol> <li>Life Threatening</li> <li>Severe</li> <li>Moderate</li> <li>Minor</li> <li>DOA</li> </ol>





Signature