

EMS/EMD QI
DISPOSITION SHEET

Date of QI Review:

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