

Downtime PCR ***PCR must be entered into OC-MEDS as soon as possible per OCEMS 300.20***

Agency Name / Incident #	Scene Delay	Transport Delay	Transport Mode	Method Air Ground	# of Pts Transp in This Unit
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Destination Address (Address, City, Zip)	Hospital Patient Identifier(s)
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Final Acuity	Airway Confirmation	Turn-Around Delay																																																																																		
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Narrative			
AMA Details: Reason, Plan, Pt with Whom		Release Details: Situation, <18yrs Requires Responsible Adult	
Alcohol/Drug Use Indicators	Reason 12-Lead Not Obtained	Reason ASA Not Admin	Reason Pain Meds Not Admin

space for agency specific supplemental questions

Billing Information	Type	Name / Signature / Alt Status	Time
Billing Address Name of Insured	Patient		HH:MM
Driver's License Social Security #			HH:MM
Insurance Company, Group ID, Policy #			HH:MM
Medicare #			HH:MM
Medi-Cal #			HH:MM
Work Related Employer Contact			HH:MM
Medical Necessity Reason	Controlled Med		HH:MM

Role/Level	Crew Member Name	Receiving Facility	HH:MM
		Crew	HH:MM

Medications, Valuables, Belongings

Entered into OC-MEDS	Exposures
DD/MM/YY HH:MM	