

RIVERSIDE COUNTY EMS

BLS/CCT CODE 3 RESPONSE/TRANSPORT NOTIFICATION FORM

Code 3 Response

Code 3 Transport

PROVIDER NAME

AMR-RIV

AMR-Hemet

AMR-Palm Springs

BLYTHE

CAVALRY

CRA

DESERT CCT

IDYLLWILD

LYNCH

MISSION

PREMIER

PRIORITY ONE

SCHAEFER

OTHER _____

PROVIDER UNIT INFORMATION

Unit #: _____

Crew Last Names: _____ / _____ / _____
EMT EMT RN

CALL INFORMATION

Call Date: ____/____/____

Call Time: ____:____ AM / PM / 24HR

Run #: _____

Patient's C/C or Diagnosis: _____

Type of Service Provided:

BLS

CCT

Neonatal

Request for Code 3 Response:
AND / OR

Sending Fac./MD

Other: _____

Request for Code 3 Transport:

Sending Fac./MD

Rec. Fac./MD

Crew: RN/EMT
circle appropriate crew

Reason for Code 3: _____

SENDING FACILITY

Corona Reg

Desert Reg

Eisenhower

Hemet Valley

Inland Valley

Kaiser Riv

JFK

Menifee

Moreno Valley

Palo Verde

Parkview

Rancho Springs

Riverside Community

RCRMC

San Gorgonio

Other: _____

RECEIVING FACILITY

Arrowhead

Corona Reg.

Desert Reg.

Eisenhower

Hemet Valley

Inland Valley

JFK

Kaiser Fontana

Kaiser Riv.

LLUMC

Menifee

Moreno Valley

Palo Verde

Parkview

Rancho Springs

Riverside Community

RCRMC

San Gorgonio

St. Bernardine

Other: _____

Please notify Riverside County EMS within 24hrs of all Code 3 response/transport

Riverside County EMS Agency

4065 County Circle Drive

Riverside, CA 92513-7600

☎ (951) 358-5029

☎ (951) 358-5160

Notified Riverside County EMS on: ____/____/____ Sent by: _____