

Midstate Regional Emergency Medical Services

Monthly EMS Agency Pre-Hospital Care Report

PCR's must be returned no later than the 10th of each month to:

Faxton - St. Luke's EMS Program

2521 Sunset Ave.

Utica NY 13502

Agency _____
Name Number

Month _____ Year _____

Total # PCR's submitted:

(include 001, 002, 004)

PCR's Not submitted:

(include 003, 005, 006, 007, 008, 010)

Number # Voided:

CQI Indicator(s) Included

Controlled Substance Inventory

Submitted by _____
Signature

Date Submitted _____