



## RIVERSIDE COUNTY BLS/CCT CODE 3 NOTIFICATION

<input type="checkbox"/> CODE 3 RESPONSE	<input type="checkbox"/> CODE 3 TRANSPORT
<b>AMBULANCE PROVIDERS</b>	
PLEASE CHOOSE:	
IF OTHER, PLEASE LIST:	
<b>PROVIDER UNIT INFORMATION</b>	
UNIT#:	
CREW LAST NAMES: EMT:	/EMT: /RN:
<b>CALL INFORMATION</b>	
DATE OF SERVICE:    /    /                      MONTH/DATE/YEAR	TIME OF SERVICE:    :                      AM <input type="checkbox"/> PM <input type="checkbox"/> 24HR <input type="checkbox"/>
RUN #:	TYPE OF SERVICE PROVIDED: BLS <input type="checkbox"/> CCT <input type="checkbox"/> NEONATAL <input type="checkbox"/>
PATIENT'S CC OR DIAGNOSIS:	
<b>REQ. FOR CODE 3 RESPONSE</b>	
SENDING FACILITY/MD <input type="checkbox"/>	OTHER:
<b>REQ. FOR CODE 3 TRANSPORT</b>	
SENDING FACILITY/MD <input type="checkbox"/>	RECEIVING FACILITY/MD <input type="checkbox"/> CREW: RN <input type="checkbox"/> EMT <input type="checkbox"/>
<b>REASON(S) FOR CODE 3</b>	
<b>SENDING FACILITY</b>	
PLEASE CHOOSE:	
IF OTHER, PLEASE LIST:	
<b>RECEIVING FACILITY</b>	
PLEASE CHOOSE:	
IF OTHER, PLEASE LIST:	
<b>PLEASE NOTIFY RIVERSIDE COUNTY EMS AGENCY WITHIN 24HRS OF ALL CODE 3 RESPONSE/TRANSPORTS</b>	
RIVERSIDE COUNTY EMS AGENCY 4210 RIVERWALK PARKWAY, SUITE 300 RIVERSIDE, CA 92505 ☎951-358-5029    📠951-358-5386	
NOTIFIED RIVERSIDE COUNTY EMS ON:    /    /                      MONTH/DATE/YEAR	
SENT BY:	