

**Emergency Medical Services (EMS) Board of Prince Edward Island**

c/o Emergency Health Services – Health and Wellness

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**EMERGENCY CALL-OUT FORM**

<b>Last Name:</b>			<b>Middle Name:</b>		<b>Office Use Only</b>
<b>First Name:</b>			<b>License #:</b>		
	<b>Date (DD/MM/YYYY)</b>	<b>Patient Call Report (PCR / MIN #)</b>	<b>Clinical Impression</b>		
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