



STEMI REPORTING FORM

Fax

To: Kristine R. Oase-Guth From: _____
Fax: 530-621-2758 Pages: _____
Phone: 530-621-6500 Date: _____
Re: PCR #

● Instructions:

Print a copy of this fax cover sheet and insert your agency's name and the PCR number. Please fax the completed form and the PCR directly to the EMS Agency with 24 hours.

Optional (for feedback/outcome):

Medic Contact Info:

Primary Medic: _____ Email: _____

Secondary Medic: _____ Email: _____

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