

**M.C.I. PATIENT DISPATCH RECORD** Date: \_\_\_/\_\_\_/\_\_\_ Sequence # \_\_\_\_\_

**Hospital staff:** When indicated unit arrives, please fill in time on Line 7 below and return form to radio operator as soon as practical.

**Destination** - Indicate primary destination with a A1". If diverted, indicate secondary destination with a A2".

- |                         |                     |                   |                    |
|-------------------------|---------------------|-------------------|--------------------|
| ___ Baptist (Downtown)  | ___ Fraiser (Baker) | ___ St. Vincent=s | ___ Wekiva Springs |
| ___ Baptist Beaches     | ___ Memorial        | ___ Ten Broeck    | ___ Other          |
| ___ Baptist (Nassau)    | ___ Mayo            | ___ Shands Jax    | _____              |
| ___ Baptist South       | ___ NAS Jax         | ___ Specialty     |                    |
| ___ Flagler (St. Johns) | ___ Orange Park     | ___ St. Luke=s    |                    |

**Message Flow History** - Fill in times as situation progresses. Use 24-hour format.

Operator	Local Time	Line #
JFR Transportation Dispatch	:	1
A.R.E.S. Transportation Officer Receipt	:	2
A.R.E.S. Net Control Operator Receipt	:	3
A.R.E.S. Hospital Operator Receipt	:	4
Hospital Charge Nurse Notified	:	5
(Vehicle Diverted)	:	6
Patient(s) Arrival at Hospital	:	<b>7</b>
Arrival Reported to Net Control	:	8

**Transportation Provider** - Fill in unit number or license tag number of vehicle

- |                          |                       |                   |
|--------------------------|-----------------------|-------------------|
| <b>Government Ground</b> | <b>Private Ground</b> | <b>Air</b>        |
| JFR _____                | APT _____             | Life Flight _____ |
| JSO _____                | ASI _____             | Trauma 1 _____    |
| JTA _____                | Century _____         | USN _____         |
| M.E. _____               | Liberty _____         | USCG _____        |
| Other _____              | P.O.V. _____          | Other _____       |

**Number of Patients:** \_\_\_ Red      \_\_\_ Yellow      \_\_\_ Green      \_\_\_ Black