



# Tri-County Emergency Medical Control Authority

*Serving Clinton, Eaton, and Ingham County*

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## Patient Outcome Request

Forward Form to TCEMCA CQI Coordinator

**Date of Service:**

**Hospital Name:**

**Time of Arrival at Emergency Department:**

**Patient Name:**

**Patient D.O.B.:**

**Patient Complaint/Provider Impression:**

**Information Requested:**

**Agency Name:**

**Agency Contact Name:**

**Agency Run Number:**

Developed		Updated	3/1/2023	Implemented		Approval	BP	Form ID	F-007
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