



OREGON PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS

2009-2010 PREHOSPITAL CARE REPORT ORDER FORM

70310 70390 2525

Agency Name: _____

Physical Address: _____

Contact Name: _____

Contact Phone: _____

IMPORTANT NOTICE

This order form must be returned to Oregon Public Health Division– EMS by April 30, 2009, so that we can have them delivered to you by June 2009. You will need to order enough forms to last from now until December 2009. Orders must be accompanied by a check or money order.

NOTE: YOU **WILL NOT** RECEIVE YOUR FORMS BEFORE MAY 2009

WE WILL NO LONGER STOCK THEM FOR YOU

Pre-printed Standard Report Forms @ \$.18/Form \$ _____
(Cost of Shipping & Handling Included)

To order Camera Ready Copy negatives only; \$15.00 \$ _____

Total Enclosed: \$ _____

Please make your check payable to the Oregon Public Health-Division EMS and mail to:

Oregon Public Health Division– EMS
PO Box 14450
Portland, OR 97293