

Santee Fire Department Patient Care Report Request

Date of Incident: _____

Patient Name: _____

Requestor: _____

Relationship to Patient: _____

HIPAA Release Received: (If Request Is From Person Other Than Patient)

Phone Number: _____

Reason For Request: _____

Signature: _____

Date: _____

For Office Use Only

Incident #: _____ Fee Paid: Cash Check Received By: _____