

Ambulance Call Record Request

Halton Region Paramedic Services
1179 Bronte Rd.
Oakville, ON L6M 4G3
Attn: Operations

Date: _____

Re: Ambulance Call Record Request

I, _____, would like to request a copy of my Ambulance Call Record. The details of the call are as follows:

Patient Name: _____

Mailing Address: _____

Date of Birth: _____

Location of Ambulance Call: _____

Date of Ambulance Call: _____

Time of Ambulance Call: _____

Transported to Hospital? Yes ____ No ____

If Yes, which hospital _____

Additional Details: _____

I have enclosed a cheque in the amount of \$91.00, payable to Halton Region.

Please contact me to pick up the Record in person _____

My daytime telephone number is _____

Please courier the Record to my mailing address _____

Sincerely,

Signature

Print Name