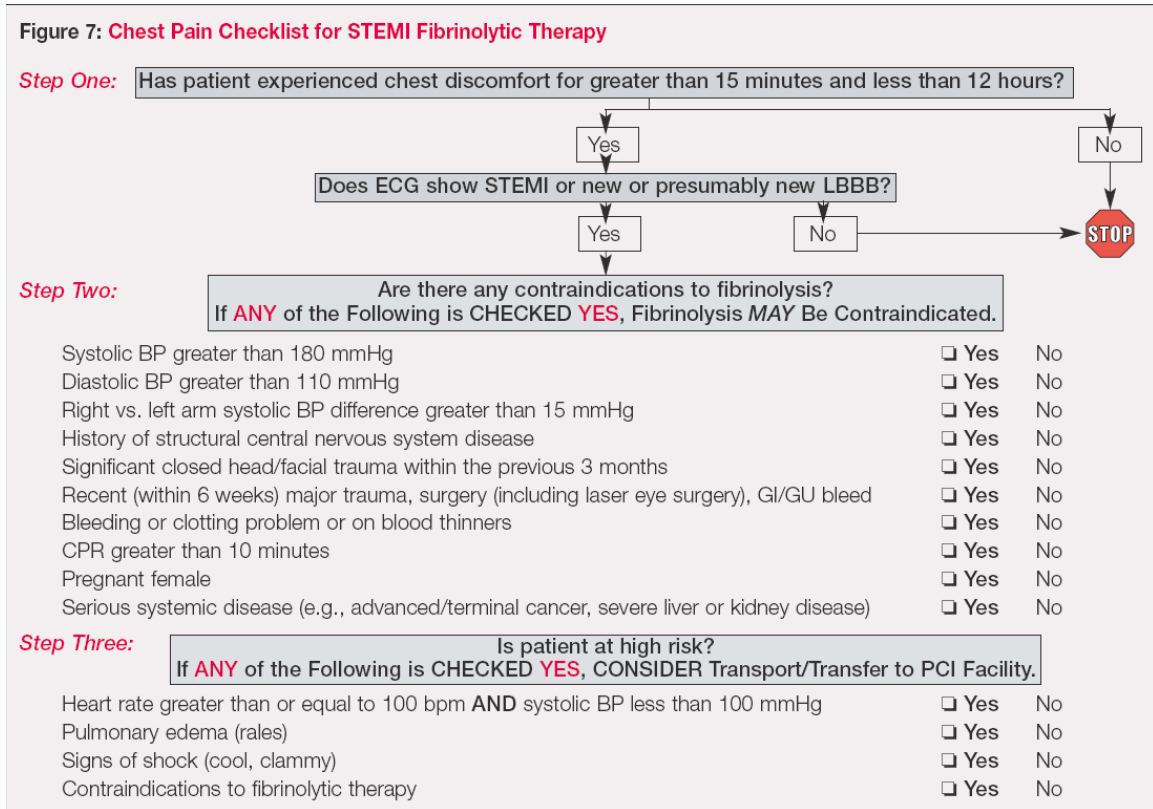




Madison County EMS



Fibrinolytic Therapy Checklist



Date _____ Patient Name _____ DOB _____

PPCR# _____ Time Checklist Filled Out _____

EMS Provider Name _____

Medical Command Physician Name _____

Care Turned Over To _____ Institution : UVA MJH

ECG Transmitted? YES NO If Yes, Transmission # _____