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CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field	A A E V T P
6 letters (A-Z)	6 letters (A-Z)
A A E V T P	External Report Type = "Patient ID", enter # for External Report #

TO EXPOSE ADHESIVE REMOVE LINER

A A E V T P

A | A | E | V | T | P

6 letters (A-Z)

Georgia Systems of Care Armband

DO NOT REMOVE

To learn more: visit
https://dph.ga.gov/EMS/armband

A A E V T P

Hospital Use - this # will be recorded in Pt Record and in Trauma/Stroke/ Cardiac Registry

A A E V T P

A A E V T P