

HELICOPTER LANDING REPORT

SECURITY DEPARTMENT

DESERT REGIONAL MEDICAL CENTER

Date of call _____ Time of call _____

Reporting party (circle one) ED Staff PBX Other (write in) _____

Flight Service (circle one; write in flight #)

MERCY AIR- _____ REACH _____ DESERT AIR _____ CARE FLIGHT _____ NATIVE AIR _____ CHP _____

SHERIFF _____ OTHER _____

Flight from _____

Time of landing _____

Reason for landing (circle one)

TRAUMA FROM SCENE TRAUMA TRANSFER IN / OUT CONTINUATION OF TRAUMA CARE

TRANSPLANT TEAM NICU IN / OUT MEDICAL PATIENT IN/OUT (non-trauma)

DEPARTURE TIME _____

COMMENTS _____

Officer Name & Number _____

PATIENT NAME OR STICKER

Last _____ First _____

DOB _____