

Region 1 Medical Review Committee Incident Reporting Form

This form is used to document any issue that involves patient care. Complete this form and forward it immediately to the Medical Review Committee. Return completed form to William R. Hardy, Pre-Hospital Care Coordinator, WMHS Memorial Campus, 600 Memorial Avenue, Cumberland, Maryland 21502 – Office: 301-723-4119 FAX: 301-723-4045.

Check one of the following:

- Protocol Variation
- Inability to Carry Our Physician's Orders
- Medications
- Equipment Failure
- Local Protocols
- Scene Management
- Communications
- Other

Patient's Name: _____ County Incident #: _____

Date of Occurrence _____ Time of Occurrence: _____

Location of Occurrence: _____ *MAIS#: _____

*Attach copy of MAIS form and additional narrative

Description of Concern and Event: (Attach any additional pages or reports as necessary).

Witness(es), if any, to event: _____

Provider's Name: _____ Affiliation: _____

(Signature of person completing the form)

(Date)