

Lenawee County Medical Control Board
Quality Control Report Evaluation Form

QUARTERLY REPORT: _____ YEAR ____2012____

Agency Name: _____

Total # Runs Reviewed: _____

Total # of Discrepancies: _____

Description of Discrepancies: _____

Quality Improvement Plan(s): _____

Air Ambulance Requests for this Quarter- Total _____
Each Agency: Life Flight _____ ProMedica Air: _____ Survival Flight: _____ Midwest Med Flight: _____

Time of Completion: _____

Do Not Write Below This Line, For Official Use ONLY

Board Review:

Approved

Further Recommendations: _____

PMD Signature: _____

Date: _____

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