



**Lehigh Valley Health Network
Division of EMS
Patient Follow-up Request Form**

Follow-up request for:

Trauma - Adult: Please fax request to (610) 402-1611 – Att: Cheryl Lansenderfer

Trauma – Pediatric Please fax request to (610)402-1611 – Att: Michele Dunstan

Burn: Please fax request to (610) 402-8868 - Att: Brian Joho

Neuroscience: Please fax request to (610) 402-9006 - Att: Erin Conahan

Cardiology: Please fax request to (484) 862-3874 Att: Bryan Nelson

Other: Please fax request to (484) 884-0070 – Att: Marianne Kostenbader

Hazleton Requests Please fax request to (570) 788-0477 - Att: K.C Willis

PLEASE PRINT ALL INFORMATION LEGIBLY

Person requesting information: _____

EMS organization: _____ Transporting crew member Yes No

EMS Supervisor: _____ PCR sent: Yes No

EMS station phone number: _____ Secured EMS Fax #: _____

State certification #: _____ FR EMT EMT-P PHRN

Hospital destination: LVH-C LVH-M LVH-17th LVH-Hazleton

Patient name: _____ Age: _____

Date of transport: _____ Transport by: Ground Air State Cert.# _____

Any performance improvement issues or concerns: _____

If requesting faxed information, EMS organization must have a secured, HIPPA compliant fax line.

*****Office Use Only*****

Date request received: _____ Response provided: _____ Initials: _____

Confidential – for peer review purposes only.

For additional questions or information, contact the Division of EMS at (610)969-0258