Muskoka Paramedic Services
The District Municipality of Muskoka
225 Taylor Road, Bracebridge, Ontario, P1L 1K1
Telephone (705) 645-2231 Fax (705) 646-9011

Ambulance Call Report (ACR)
Request for Information (External)

Call Report Information

Name of Patient: _____

Patient's Address: _____

Health Card Number (if applicable): _____

Call Date: _____ ACR Number: _____

Pick-up Location and/or Destination: _____

Name of Requesting Party: _____
(If other than patient, please attach written authorization from patient or proof of authority as guardian, executor or administrator)

Contact information of Requesting Party

Name or Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Disclaimer
The undersigned patient or authorized representative authorizes Muskoka Paramedic Services to release any and all information relating to the above noted patient contained in the Patient Care document(s) requested. A $28.00 administrative fee is associated with this document request. Cheque must be made payable to 'District of Muskoka'.

_____ _____
Patient or Representative Witness

_____ _____
MM/DD/YY MM/DD/YY

Office Use Only
Released by: _____

Signature: _____ Date: _____