

# Ambulance Call Record Request

Halton Region Paramedic Services  
1179 Bronte Rd.  
Oakville, ON L6M 4G3  
Attn: Operations

Date: \_\_\_\_\_

Re: Ambulance Call Record Request

I, \_\_\_\_\_, would like to request a copy of my Ambulance Call Record. The details of the call are as follows:

Patient Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Location of Ambulance Call: \_\_\_\_\_

Date of Ambulance Call: \_\_\_\_\_

Time of Ambulance Call: \_\_\_\_\_

Transported to Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which hospital \_\_\_\_\_

Additional Details: \_\_\_\_\_

I have enclosed a cheque in the amount of \$95.00, payable to Halton Region.

Please contact me to pick up the Record in person \_\_\_\_\_

My daytime telephone number is \_\_\_\_\_

Please courier the Record to my mailing address \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

