









Supplemental Facility Signature Run Sheet

Run Number _____

Date _____

 **ePCR**       

INCIDENT PATIENT VITALS FLOW CHART ASSESSMENT NARRATIVE SPECIALTY PATIENT BILLING **SIGNATURES**

Billing Authorization

Controlled Substances

Facility Signatures

Providers

Refusal

Custom Forms

Facility Signatures

Receiving Physician/Nurse Signature

Physician/Nurse

Acknowledgement of Paperwork Received No Paperwork

Name

Airway Confirmation Signature

Name