





## Patient Disposition

<b>Released:</b> No Further Medical Attention Required	Instructions:
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Released By:	Date:	Time:	
Patient Signature:	Date:	Time:	

<b>Released:</b> Further Medical Attention Required / AMA / Refused	Instructions:
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Released By:	Date:	Time:	
Patient Signature:	Date:	Time:	

<b>Released:</b> Further Medical Attention at Medical Facility	Released By:	Date:	Time:
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Transported by:	Ambulance:	ID #:	Destination:
	Taxi:	ID #:	Destination:

Driver Name:	Sheriff:	ID #:	Destination:
	Helicopter:	ID #:	Destination:

Contact Info:	POV:	ID #:	Destination:
	CERT:	ID #:	Destination:

<b>Released To:</b> Cupertino Medical Center	Released By:	Date:	Time:
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Transported by:	Ambulance:	ID #:	
	Taxi:	ID #:	

Driver Name:	Sheriff:	ID #:	
	Helicopter:	ID #:	

Contact Info:	POV:	ID #:	
	CERT:	ID#	

### Deceased:

Declaration of Death Made By:	Time of Death:
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Removed to onsite Morgue	By:	Time and Date:
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Removed to Temporary Morgue Facility	By:	Time and Date:
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Released to County Coroner	By:	Time and Date:
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Received by County Coroner	By:	Time and Date:
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### Comments:
