



**** THIS FORM MUST BE SENT WITH ALL PCR SHIPMENTS! MAKE COPIES OF THIS FORM! ****

STEMS PCR Coversheet

Agency Name: _____

NYS DOH BEMS Agency Code: _____

Current EMS Captain: _____

IF you are submitting this coversheet for a month with no calls please check here: _____

If so, this form can be faxed to 716-372-5217 or scanned and emailed to stems@sthcs.org.

Month and Year of PCRs being sent: _____

Number of completed PCRs being sent: _____

Number of voided PCRs being sent: _____

I affirm that I have packaged these PCRs as outlined in the STEMS PCR Sending Guidelines and have reviewed them for completeness, including date of call, agency code, location code, patient name, date of birth, social security number and presenting problem (as required by call type). PCRs with missing information have been completed prior to sending them to STEMS.

Person sending these PCRs: _____

Notes: _____

**Mail To: Southern Tier Health Care System
Attn: STEMS PCR Review
150 North Union Street
Olean, NY 14760**