

**Commendation Request Form**

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| **Date Requested:** | **Chicago EMS System Resource Hospital:** |
| **Submitted by:** | **Phone:** |

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| **Date of Call:** | **Time of Call:** |
| **EMS/Call Incident #: Ambulance #:** | |
| **Receiving Hospital:** | |
| **Name of the EMS Agency/Hospital Involved:** | |
| **Names of Crew/Personnel Members:** |  |
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| **Summary of Events:** |
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| ***EMS OFFICE ONLY*** | **Notes:** |
| **Letter Sent: Date:** |
| **EMS Coordinator Signature:** |

**2017**