

TRAUMA SERVICES
TRANSFER FOLLOW-UP REQUEST INFO:

We transferred the following trauma patient to your facility:

Trauma Band#: _____

Patient Name: _____

Date of Transfer: _____

Reason for Transfer: _____

Please provide us with the following information:

Final Diagnosis of Patient: _____

Hospital Length of Stay: _____

Treatment/Outcome and/or Disposition of Patient:

Final ISS Score: _____

We appreciate your assistance in closing the loop of trauma patient tracking to help improve the care we provide. We welcome your input or opinions on what we could have done better to improve the quality of care provided to our trauma patients.

Sincerely,

Typed Name:
Trauma Coordinator/Registrar
Hospital Name:
Office:
Fax:
Email: