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:

Created 01/10/2012 Last Revised 5/20/2013