

**NORTHWESTERN MEDICINE NWR EMS PATIENT
INFORMATION/CONTROLLED SUBSTANCE FORM**

Site: McHenry Hospital Woodstock Hospital Huntley Hospital

Please Print:

EMS AGENCY: _____ DATE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

STREET ADDRESS:

CITY, STATE, ZIP: _____

CONTROLLED SUBSTANCE MED	DOSE GIVEN	WASTE
FENTANYL 100mcg/2mL		
KETAMINE 500mg/10mL		
MIDAZOLAM (VERSED) 10mg/2mL		

EMS PERSONNEL: _____

SIGNATURE: _____

EMS PERSONNEL: _____

SIGNATURE: _____

PHARMACY PERSONNEL: _____

SIGNATURE: _____