Maine EMS Reporting Form for Missing Controlled Substances

Service Name: ______________________________

Date Of Incident: __________________________

Person Reporting: __________________________

Medication(s)/Drug(s) Missing: ________________________________

Reported to Police: Yes____ No____

Please Provide A Explanation: ________________________________________

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________________________________________________________________________

________________________________________________________________________

Service Investigation Results And Any Action: _______________________________

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________________________________________________________________________

Signature: __________________________________________

Date: ______________________________