

## Early Defibrillation Patient Contact Form

**This form is to be sent to the AED Program Medical Director IMMEDIATELY following AED Activations. The Medical Director is to forward this document along with his/her review to WVOEMS Licensure at [EMSLicensure@wv.gov](mailto:EMSLicensure@wv.gov).**

**Date of Occurrence:**

**Program Entity:**

**AED Operator:**

Operator Name:

Operator Signature:

**Patient Information:**

Patient Name:

D.O.B.

Patient Address:

City:

State:

Zip Code

Phone:

Use the following section to detail the situation and disposition of the patient: