



Mountain Valley EMS Agency  
 1101 Standiford Avenue, D-1  
 Modesto, CA  
 (209) 529-5085  
 (209) 529-1496 Fax

**ST-Segment Elevation Myocardial Infarction (STEMI) Report-MVEMSA Pilot Project**  
**Please fill out all fields as applicable**

**Identifying Information:**

Name STEMI Receiving Center:	Pt ED Arrival Date:                      Time:	PCR Number:
Pt Gender:	EMS Transport: Yes No                      Agency:	Hospital Medical Record Number:
Pt Age:	Inter-facility Transfer (IFT): Yes No	IFT Transport Agency:

**STEMI Receiving Center:**

Date & Time of Patient Arrival to Catheterization Lab:	(IFT) Fibrinolytics Given Prior to Arrival at STEMI Receiving Center: YES / NO
Time of Cardiologist Call-back:	(IFT)Time of Arrival to STEMI Receiving Center:
Time of Cardiologist Arrival:	Complications:
Time of Catheterization Team Arrival:	
Door to Needle Time:	
Door to Balloon Time:	
Date of CABG:	
Hospital Discharge Disposition: Alive / Dead                      Date:	

**Comments:**

Name and Title of Person Reporting:	Contact Phone#:

