



DHHS / EMS Program
PO Box 95026
Lincoln, NE 68509



MEDI-TEDI Service Request Card

Male: _____ Female: _____ Age: _____ Date: _____

Service: _____

Contact: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Type of Incident:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Auto Accident:
Seatbelt Yes No
Child Restraint Yes No | <input type="checkbox"/> Near Drowning: |
| <input type="checkbox"/> Bicycle Accident:
Involved with Auto Yes No
Helmet Yes No | <input type="checkbox"/> Illness:
Type: |
| <input type="checkbox"/> Motorcycle:
Helmet Yes No | <input type="checkbox"/> Farm Accident: |
| <input type="checkbox"/> Poisoning: | <input type="checkbox"/> ATV:
Helmet Yes No
3 - Wheel 4 - Wheel |
| <input type="checkbox"/> Child Abuse:
Physical Abuse Yes No
Sexual Yes No
Neglect Yes No | <input type="checkbox"/> Fall:
<input type="checkbox"/> Burn:
Heat Chemical Electrical |
| | <input type="checkbox"/> Gunshot:
<input type="checkbox"/> Other: |

Any questions regarding the Medi-Tedi Program please contact the EMS office in Lincoln at 800-422-3460 #26

or contact your regional EMS Specialist