



Complete form, print and return to:

Emergency Health Systems

PO Box 95026

Lincoln, NE 68509*5026 / or

Fax # 402-742-1140

/ or

e-mail: rob.rowan@nebraska.gov



MEDI-TEDI Service Request Card

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

Service: _____

Contact: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Type of Incident:

Auto Accident:

Seatbelt Yes No

Child Restraint Yes No

Bicycle Accident:

Involved with Auto Yes No

Helmet Yes No

Motorcycle:

Helmet Yes No

Poisoning:

Child Abuse:

Physical Abuse Yes No

Sexual Yes No

Neglect Yes No

Near Drowning:

Illness:

Type:

Farm Accident:

ATV:

Helmet Yes No

3 - Wheel 4 - Wheel

Fall:

Burn:

Heat Chemical Electrical

Gunshot:

Other: _____

Any questions regarding the Medi-Tedi Program please contact the Emergency Health Systems office in Lincoln at 402-471-8129

or contact your regional EMS Specialist