



YAKIMA COUNTY EMS PROTOCOL REVIEW REQUEST FORM

Please use this form to submit any comments, suggestions for improvement in the patient care protocols.

Return the completed forms to ben.maltz@co.yakima.wa.us, wendy.moudy@co.yakima.wa.us and antonem@co.yakima.wa.us

Thank you for your continuing to work to improve the Yakima County EMS protocols.

Ben Maltz, MD

Yakima County MPD

1. Protocol for which a change is being suggested/requested. Please reference protocol number and paragraph/line.

Proposed change:

2. Reason for change. Please be specific, citing an incident, event, reason, specialty provider recommendation (include name and contact information for the specialist)



Yakima County Medical Program Director
2403 S. 18th Street, Suite C, Union Gap, WA 98903
(509) 574-2145 Fax (509) 574-2159



-
3. Please provide references, research, and rationale to support the requested change. Attach copies of articles, etc. supporting the requested change.

Name	Agency
Phone#, email	Date