



JECC IPOST Notification Form

Date: _____

Dear Joint Emergency Communications Center of Johnson County,

This is to inform you that:

(Name)

(Age) _____
(Date of Birth) _____
(Gender) _____
(Phone number)

(Address, City)

has an IPOST (Iowa Physician Orders for Scope of Treatment) in the home. Please advise the EMS providers if they are called to the above address.

Thank you.

For non-residents of Johnson County

[] This person will be at the listed address from _____ to _____

* Please scan this form and email this to IPOST@JECC-EMA.org

OR

email information in the text of an email

OR

fax to 319-338-0028 Attn: IPOST

For JECC purposes only:

Date added to system _____

Date removed from system _____