



**JECC IPOST Notification Form**

Date: \_\_\_\_\_

Dear Joint Emergency Communications Center of Johnson County,

This is to inform you that:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Gender)

\_\_\_\_\_  
(Home or cell 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 to [IPOST@JECC-EMA.org](mailto: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 \_\_\_\_\_