NH Bureau of Emergency Medical Service 33 Hazen Drive Concord, New Hampshire 03305 603-223-4200

FAX: 603-271-456 email: vicki.blanchard@dos.nh.gov
web site: http://www.nh.gov/safety/divisions/fstems/ems/advlifesup/index.html

Clinical Practice Inquiry

Please submit to the NH Bureau of EMS, Advanced Life Support Coordinator, via regular mail, email or fax

| email, or lax. |
|---|
| What is your question? |
| |
| |
| |
| |
| |
| |
| Please include background information that would be helpful to understanding the clinical |
| Please include background information that would be helpful to understanding the clinical |
| significance of your question. You may mail, fax or email supplemental information to the |
| Bureau office. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Submitted by: |
| Name: License Number: |
| Telephone: |
| Email address: |

Facility Name: Mailing Address

Date: