

Nassau Regional EMS Council Annual Hospital Directory Survey

NYS Disp. Code: _____ **Hospital Name:** _____
Address: _____ City, State, Zip: _____
Main Phone Number: _____ Fax Number: _____
E.D. Phone Number: _____ **Emergency/Hotline#:** _____

Contact Information

Hospital CEO e-mail _____	Phone # _____	Fax # _____
ED Chair/Director e-mail _____	Phone # _____	Fax # _____
EMS Contact e-mail _____	Phone # _____	Fax # _____
Infection Control e-mail _____	Phone # _____	Fax # _____

Services

Trauma Center NO YES Level: _____ Adult Pediatric
 Stroke Center Burn Unit Hyperbaric OB/GYN Labor/Delivery
 Emergent Psychiatry Lock Down Psychiatry STEMI Center
 Haz-mat Decon Isolation facilities

Other Services: _____

Comments: _____