

COMMUNICATION DURING EMERGENCY

(Professional Services Chief, please have the following form completed by your team members and provide the Command Center with a completed copy.):
and provide the Command Center with a completed copy.):

Position	Name	Phone Number	Fax Number	Beeper Number
Professional Services Chief				
Radiology Director				
Pharmacy Director				
Laboratory Director				
Cardiopulmonary Director				
Nutritional Services Director				
Morgue Leader				
Patient Information Director				
Chaplain Services Director				
Employee Assistant Program Director				
Social Services Director				