



## MICN Radio Room Orientation Log

<b>Base Hospital:</b>			<b>Date(s):</b>	
<b>Name:</b>			<b>Signature:</b>	
<b>Call #</b>	<b>Date/Time of Call</b>	<b>Patient Chief Complaint &amp; Any Orders Provided</b>	<b>Comm. Method (radio/telephone)</b>	<b>MICN Co-Sign</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

What did you like best about this experience?

What did you like least about this experience?