

### Patient Tracking Worksheet (837-B)

| Incident Name/Location |  | Incident Date | Form Completed By |  |  |  | Contact Telephone # |  |  |  |
|------------------------|--|---------------|-------------------|--|--|--|---------------------|--|--|--|
| I D M                  |  | M F U         |                   |  |  |  |                     |  |  |  |
| I D M                  |  | M F U         |                   |  |  |  |                     |  |  |  |
| I D M                  |  | M F U         |                   |  |  |  |                     |  |  |  |
| I D M                  |  | M F U         |                   |  |  |  |                     |  |  |  |
| I D M                  |  | M F U         |                   |  |  |  |                     |  |  |  |

#### County of Origin Codes

Butte (XBU)    Colusa (XCO)    Glenn (XGL)    Lassen (XLS)    Modoc (XMO)    Nevada (XNE)    Placer (XPL)    Plumas (XPU)  
 Shasta (XSH)    Sierra (XSI)    Siskiyou (XSK)    Sutter (XSU)    Tehama (XTE)    Trinity (XTR)    Yuba (XYU)

**Submit completed worksheets via email ([RDMHS.Region3@ssvems.com](mailto:RDMHS.Region3@ssvems.com)), or fax (916-625-1720)**