INLAND COUNTIES EMERGENCY MEDICAL AGENCY
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

NOTIFICATION OF D&E LIST NON-COMPLIANCE

Date: _____

Provider Agency: _____

Provider Agency Medical Director: _____

Has provider Agency Medical Director been notified: ☐ YES ☐ NO

Submitted By: _____
(Name, Title)

Medication / Equipment Information

Medication or Equipment Name: _____

Concentration (if applicable): _____

Manufacturer (if known): _____

Date completed: _____

Provider agency must notify ICEMA immediately if any shortage or substitution negatively affects patient care. The agency accepts responsibility for this lapse in compliance and will take all necessary steps to restore full adherence to requirements as quickly as possible.