Emergency notification

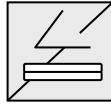**City of Cottbus/Chóśebuz**
Disaster prevention
D.p.-Lighthouse

D.p.-Lighthouse - Location: _____ **Lfd. No.: N -** _____

	Patient cannot hear ☐		Patient cannot speak ☐		Patient is disabled ☐

Who reports?

Name: _____ Date of birth: _____

Patient data:

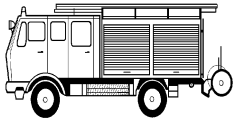Name: _____ Date of birth: _____

Where should the help go?

Street: _____ House number: _____ Floor: _____

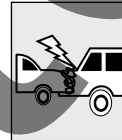Place (Town / District / Village): _____

Who should help?

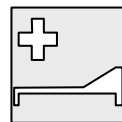☐ **Fire brigade**

Fire ☐ Emergency ☐ Accident ☐

☐ **Rescue service**

Emergency physician Emergency doctor ☐ Injury ☐ Disease ☐

☐ **Police**

Burglary ☐ Raid / Robbery ☐ Brawl ☐

What happened?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date: _____ *Time:* _____ : _____

Signature oft the person receiving the emergency notification: _____

- BLOCK LETTERS - / Signature