



SMART Medical Clearance Quality Improvement

Please use this form to provide feedback on the use and application of the SSVMS SMART Medical Clearance Form.

Date: _____

Name of Transferring Emergency Department: _____

Transferring Emergency Department Medical Record Number (MRN): _____

Summary of Issue: _____

Name of Person Completing Form: _____

Contact Information: _____

Facility: _____

Submit completed form to:

Scan and email to SMART Form Quality Improvement Team:

- Aileen Wetzel, SSVMS awetzel@ssvms.org
- Seth Thomas, MD, seth.thomas@cep.com
- Aimee Moulin, MD, akmoulin@ucdavis.edu

OR – Fax to (916) 452-2690, Attn: SMART Quality Improvement Team