



Chuck Cressman
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September 12, 2022

Escambia County
Purchasing Department
213 Palafox Place
2nd FL Matt Langley Bell 111 Bldg.
Pensacola, FL 32502

Reference: EMS Printing Quote for Patient Care Reports (PCR)

To whom it may concern,

We respectfully submit our quote for the printing of this Patient Care Report form.

Quantity of 10,000 forms per order, average of 80,000 forms per year.
Costs for 10,000 forms is \$96.20/thousand forms = \$962.00 total per order,
Expected yearly costs of \$7,696.00 for eight orders.
The costs include delivery to your location.
Delivery time on the first order will be 15 to 20 working days,
After the first order it will be 10 to 12 working days,
Specifications of the form are:

- 2 Part NCR form, Part 1 is White CB & Part 2 is Canary CF
- Prints 1/0 black ink, both parts have the same printed copy
- Finished size is 8.5 x 11, glued edge on the top 8.5 side
- Shrink wrapped every 200 forms

Please review and advise,
Thank you.

Sincerely,

Chuck Cressman
President

Clark's Printing Company., Inc.
 713 Via De Luna Drive
 Pensacola Beach, FL 32561
 (805) 643-2266
 service@clarksprinting.com

Visit our website! www.clarksprinting.com
 Questions? Call Matt at (805) 643-2266

Estimate

ADDRESS
Escambia County

SHIP TO
SHIPPING INCLUDED TO: Escambia County

ESTIMATE #	DATE	EXPIRATION DATE
1003	09/09/2022	09/16/2022

To whom it may concern:

Thank you for the opportunity to quote! If you have any questions, please give me a call (805) 643-2266. - Matt

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Non-tax Print	8.5 x 11 Patient Care Forms - 2 Part NCR White / Yellow - Shrink-wrapped in loose sets of 200 qty - 1/0 Black Ink: All parts print the same - Printing 1 Side only - No Numbering, No Wording - Glued at top - SHIPPING INCLUDED TO ESCAMBIA COUNTY - Prices are subject to tax unless tax exempt certificate is given - Turn around: 2 weeks after approval of file *2 weeks is business days* May be able to accomdate a faster turn-around if needed. TERMS: Payment NET 10 days - Credit Card: add 3% fee - Check: No Fee Any questions, please give me a call! (805) 643-2266. Thank you for the opportunity! - Matt www.clarksprinting.com service@clarksprinting.com (805) 643-2266	10,000	0.1145	1,145.00

SUBTOTAL	1,145.00
TAX	0.00
TOTAL	\$1,145.00

Accepted By

Accepted Date

Crabar GBF Inc.
2441 Presidential Parkway
Midlothian, TX 76065
770-235-0676 bill_reid@crabargbf.com

Quotation #
4940527

To: Escambia County
Patient Care Reports

Date: 8/31/2022
Account #: 20023215
Phone #: 972-775-9800
Fax #:

Requested By:

Quoted By: jpettifo

	<u>Quantity</u>	<u>U/M</u>	<u>Quote Price</u>	<u>Price / 1000</u>	<u>Snap Forms</u>	
Quantity 1	10,000	ST	1,012.20	101.22	No. of Parts :	2.00000
Quantity 2	0	ST			Form Width :	8.50000
Quantity 3		ST			Form Length :	11.00000
Quantity 4		ST				
Quantity 5		ST				

<u>Materials Used</u>	<u>Quote Specifications</u>
CB BLK IMG 16# WHITE	Additional Plates 1.00000
CF 15# CANARY	Addl Glue Lines 1.00000
	Exact Quantity 1.00000
	Line Holes - Trim 1.00000
	Perforations - Parallel 1.00000
	Offline Shrink Wrap 200.00000

Patient Care Reports
Delivered to 32502

Quotation is valid for 30 days only.
Errors in excess of 5% are correctable.
Orders are subject to a 10% over/under run.

This quote constitutes an offer to sell goods and/or provide services at the price and on the terms set out in this quote. This quote and all sales of goods or services are subject to the terms and conditions set out at printtermsandconditions.com. The terms and conditions contain important legal information. Please review them carefully.

NOTE: WHEN SUBMITTING COPY WITH YOUR ORDER, PLEASE BE SURE THAT ALL SPECIFICATIONS ARE CLEAR AND CONCISE. THIS WILL ENSURE PROMPT ORDER HANDLING. THANKS FOR YOUR BUSINESS!



Attachment "A"

Pricing

SPECIFICATIONS

EMS Printing Quote for Patient Care Reports 8.5"x11" 2-Part Carbonless Form #310904

Prints 1/0 Black Ink

Print, Pad, Shrink in 200

Carton Pack and Ship to supplied location Includes Freight

Typical orders will be for 10,000 copies at a time.

Average quantity for the year runs 80,000.

ESTIMATE

Cost per Unit: **\$0.12000**

Total Cost for 80,000: **\$9,600.00**

10,000 \$960



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County of Escambia Quote



SUBMIT RESPONSE

Title: EMS Printing Quote for Patient Care Reports (PCR)

Deadline: 9/12/2022 4:00 PM (UTC-06:00) Central Time (US & Canada)

Status: Open

Description: Escambia County EMS would like to request quotes for printing of two page carbonless forms for our Patient Care Reports (PCR). The top copy will need to be white and the bottom copy yellow. They will need to be bundled and wrapped in quantities of 200. Typical orders will be for 10,000 copies at a time. Average quantity for the year runs 80,000.

Documents:

Documents as of 8/30/2022

Patient Care Report (PCR).pdf

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ESCAMBIA COUNTY DEPARTMENT OF PUBLIC SAFETY ABBREVIATED PATIENT CARE REPORT

Condensed patient information. Complete Patient Care Form to follow. All assessments and times are approximate.

CALL	Date: / /	Unit	Time of Call: :	Nature of Call as Dispatched	Incident Number
	Location of Call			Hospital Destination <input type="radio"/> Baptist <input type="radio"/> Sacred Heart <input type="radio"/> West Florida <input type="radio"/> Gulf Breeze <input type="radio"/> Other:	
	Service(s) Rendering Patient Care <input type="radio"/> Escambia Co. EMS <input type="radio"/> Escambia Co. Fire Rescue <input type="radio"/> Escambia Co. Lifeguard <input type="radio"/> Other(s):				
	Primary Patient Caregiver (Print) <input type="radio"/> 1st Responder <input type="radio"/> EMT <input type="radio"/> Paramedic		Primary Patient Caregiver Signature		Additional Transport Crew Member(s) if applicable

PATIENT INFORMATION	Patient's Full Name			Age	Gender <input type="radio"/> M <input type="radio"/> F	DOB (M/D/Y) / /
	Chief Complaint					
	Allergies			<p style="text-align: center;">MARK(S) INDICATE GENERAL AREA OF ILLNESS</p>		
	Medications					
	Past Medical History					
Patient Initial Reported Pain Level <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10						

VITAL SIGNS	TIME	HR	BP	RR	SpO ₂	ETCO ₂	CBG	β-OHB	TEMP.	LOC	GCS
	INITIAL	Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.	
ONGOING	Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.		
ONGOING	Rate	/	Rate	<input type="radio"/> Room Air <input type="radio"/> Supplemental %	mmHg	mg/dl	mmol/L	°F	<input type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresp.		

INTERVENTIONS & ASSESSMENTS				