



BOOKING DETAILS

GENERAL INFO

Patient's Name:	
Date of birth:	
Transport date:	
Height (in/cm):	
Weight (Kg/Lbs.):	
Diagnostic & medical details:	

PASSENGER'S INFO (IF APPROVED)

Name:	
Date of birth:	
Relation:	
Weight (Kg/Lbs.):	
Name:	
Date of birth:	
Relation:	
Weight (Kg/Lbs.):	

PICK UP ADDRESS & CONTACTS

<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Rehab <input type="checkbox"/> Residence	
Attending Doctor:	
Phone #:	
Other Contact:	
Phone #:	
Facility Phone #:	
Room #:	

DROP OFF ADDRESS & CONTACTS

<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Rehab <input type="checkbox"/> Residence	
Receiving Doctor:	
Phone #:	
Other Contact:	
Phone #:	
Facility Phone #:	
Room #:	

PAYEE INFO

Payee Name:	
Phone #:	
Email:	
Payment Type:	
Billing address:	

CHECKLIST

<input type="checkbox"/> Signed & initialed agreement with prepayment
<input type="checkbox"/> Patient's Fact sheet, H&P or Progress notes
<input type="checkbox"/> Signs of Covid-19: Latest results available
<input type="checkbox"/> ICU Patients: Latest labs results & tests
<input type="checkbox"/> Med Escort Patients: "Fit to Fly" from the attending MD
<input type="checkbox"/> Hospice Patients: Out of Hospital D.N.R.
<input type="checkbox"/> International: Passport(s) & visa(s) copies, if applicable

Prepayment is required for all transports by bank wire, credit card or credit card hold with bank wire within 3 days. Will call for all credit card information.

SPECIAL INSTRUCTIONS

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Allowed on board: A standard airline carry-on size luggage and a personal item per passenger, max weight: 40lbs (18kgs), must not exceed 50 inches total (L x W x H) 10 x 16 x 24 in or, 32 x 20 x 48 cms