Date Of Booking
_____/______/______

AIR AMBULANCE TRANSFER / BOOKING FORM

Person Making Booking:

Name:____

Company:______________________________________

Address:______________________________________

____

Post Code:_______________Tel No:_______________

Patient Details:

Name:____

Address:____

_____________________________Post Code:______________

Tel No:________________________Age:________________

G.P's Name:_____________________Tel No:______________

DOES THE PATIENT HAVE A MEDICAL NEED FOR AMBULANCE TRANSPORT? YES / NO

DOES THE PATIENT HAVE ANY OTHER REQUIREMENT BELOW:

- Cardiac Condition ☐
- I.T.U Patient ☐
- Special Care Baby Unit ☐
- I.V Fluids ☐
- Heavy Patient (Over 15 Stone) ☐
- Syringe Driver ☐
- MRSA / Infection ☐
- D.N.R Order ☐
- Medical Team To Travel ☐
- Medical Escort (Doctor / Nurse / Other) ☐

EMERGENCY TRANSFER DETAILS

Emergency Transfer: YES / NO

Blue Lights To Be Used At Discretion Of Ambulance Crew: YES / NO

Signed: _______________ Position:_____________

Convey patient from:_______________________________

___________________________Post Code:_____________

Terminal:_________________Flight No:_____________

Date ________/________/________ Time _______am/pm

Convey patient to:____

____

________________________________Post Code:_______________

Ward / Dept:______________________Hospital_________________

REASON FOR JOURNEY (please tick appropriate box)

Hospital Admission ☐ Transfer Home ☐ Transfer To Nursing Home ☐ Other ☐ (please specify) _________________________

VEHICLE / JOURNEY TYPE (please TICK appropriate Crew Needed)

PTS Ambulance ☐ Paramedic Crew Ambulance ☐ EMT Ambulance Crew ☐ Nurse Escort ☐ Air Ambulance: ☐

SPECIAL INSTRUCTIONS: (Please Add Any Relevent Information)

Who Will Be Paying Our EMS Invoice: Direct To Patient: ☐ Direct To Booking Company: ☐	Transport Authorised By: _____________________(Print Name)
Payments to be made in UK Pounds Sterling Only	Signed: _______________________ Date: ___________
	Office Use Only: Invoice No: Invoice To: Patient / NHS / Other

WHEN COMPLETE PLEASE FAX BACK TO EAST ANGLIA E.M.S ON +44 (0) 1638 718887