

24-Hour Statewide Medevac Dispatch:
1.800.478.5433



INSTRUCTIONS:

1. Call early. It is not necessary to have all the details arranged.
2. Complete the blanks and checklist on this envelope.
3. Complete the enclosed necessity form (directions are attached).

PATIENT NAME: _____

DOB: _____ WT (KG): _____

REFERRING FACILITY: _____ UNIT/ROOM: _____

REFERRING PROVIDER: _____

RECEIVING FACILITY: _____ UNIT/ROOM: _____

RECEIVING PROVIDER: _____ REPORT CALLED TO: _____

FORMS NEEDED BY FLIGHT TEAM:

- | | | |
|---|--|--|
| <input type="checkbox"/> Transfer Orders (3 copies) | <input type="checkbox"/> Medical Necessity Form (signed) | <input type="checkbox"/> Demographics (3 copies) |
| <input type="checkbox"/> EKGs/Recent Lab Results | <input type="checkbox"/> Radiology/XRay Disc | <input type="checkbox"/> Physician/Nurse Notes |

ADVANCE DIRECTIVES:

- | | |
|--|---|
| <input type="checkbox"/> None, full code | <input type="checkbox"/> Comfort Care* |
| <input type="checkbox"/> DNR* | <input type="checkbox"/> Comfort Care Arrest* |
| <input type="checkbox"/> Living Will* | <i>*enclose documentation</i> |

WILL PATIENT HAVE AN ESCORT?

Name: _____

WT (KG): _____

Relationship: _____

PERSONAL ITEMS TO BE TRANSPORTED WITH PATIENT (no valuables, please):

- Clothing Medications Other _____

Thank you!

Thank you for allowing LifeMed Alaska to transport your patient. We hope you will contact us again for your future medical transport needs.

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ALASKA 

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