EURAMI
European Aeromedical Institute

AIRCARE
AIR AMBULANCE & COMMERCIAL MEDICAL ESCORT SERVICES

camts
Commission on Accreditation of Medical Transport Systems

Air Ambulance Transport Information

24/7 Dispatch/505-242-7760

Please completely fill out form and return to fltcoord@aircareone.com or fax to 877-773-0155

Pt. Name: _____ DOB: _____ Gender: _____ Age: _____ Weight: _____Height: _____

Diagnosis: _____ O2? Yes ☐No☐ IV? Yes☐ No☐ Vented? Yes☐ No ☐

Name of Insurance Company and ID # _____**(Please Fax or email copy of front/back of card)**

Passport#: _____ Country of Issue: _____

Issued: _____ Exp: _____ Country of Birth: _____ Date Left Country: _____

Sending Hospital Information

Hospital Name & Address: _____

City: _____ State: _____Zip: _____

Pt Room #: _____

Nursing station #: _____

Sending Physician: _____

Phone #: _____

Receiving Hospital Information

Hospital Name & Address: _____

City: _____ State: _____Zip: _____

Pt Room #: _____

Nursing station #: _____

Receiving Physician: _____

Phone #: _____

Care Coordinator Information (Sending)

Name: _____

Phone #: _____

Email: _____

Care Coordinator Information (Receiving)

Name: _____

Phone #: _____

Email: _____

Passenger Information (Subject to medical crew discretion)

Full Name: _____

DOB: _____ Wt: _____ Gender: ____

Passport#_____ Country of Issue: _____

Issue Date: _____ Expiration Date: _____

Date Left Country: _____ Country of Birth: _____

Full Name: _____

DOB: _____ Wt: _____ Gender: _____

Passport#_____ Country of Issue: _____

Issue Date: _____ Expiration Date: _____

Date Left Country: _____ Country of Birth: _____

One carry- on per person (total: two carry- on bags) Dimensions of carry-on bags not to exceed: 9 inches x 14 inches x 22 inches