AirMed | GroundMed

MEDICAL FLIGHT BOOKING FORM

A Airmed Australia Pty Ltd
P.O. Box 222, Georges Hall, NSW, 2198

T Australia Only: 1300 442 525
International: +61 2 8700 0685
F +61 2 8700 0663
E ops@airmed.com.au
W airmed.com.au

JOB#:	DATE:

REFERRING HOSPITAL

Referring hospital accepts responsibility for payment and transfer by air of the patient named below

REFERRING HOSPITAL:	☐ PATIENT TO BE COLLECTED BY GROUNDMED
AUTHORISING DOCTOR:	☐ PATIENT TO BE DELIVERED BY HOSPITAL
WARD:	TRANSFER REQUIRED:
PHONE:	CONFIRMED: / /
WARD CONTACT:	☐ BY AIR ☐ BY GROUND

BOOKING DETAILS

BOOKING MADE BY:	BY ☐ PHONE ☐ FAX ☐ EMAIL
PHONE:	PO#:

RECEIVING HOSPITAL

RECEIVING HOSPITAL:	☐ PATIENT TO BE DELIVERED BY GROUNDMED
ACC DOCTOR:	☐ PATIENT TO BE COLLECTED BY HOSPITAL
WARD:	OTHER DETAILS:
BED CONFIRMED: ☐ YES ☐ NO	

PATIENT DETAILS

PATIENT NAME:			☐ Drains	☐ 0² @ l/min	☐ Stretcher
DOB:	AGE:	☐ MALE ☐ FEMALE	☐ Nasogastric	☐ Monitor	☐ Wheelchair
WEIGHT:			☐ Central line	☐ IV infusion	☐ Walk Assist
INFECTIOUS: ☐ YES ☐ NO			☐ IDC	☐ Suction	
MEDICAL CONDITION:			☐ Wounds		
			COMMENTS:		
NAME OF RELATIVE :		WEIGHT:			

OFFICE USE ONLY	GROUND TRANSPORT
NURSE:	EX HOSPITAL:
PILOT:	TO HOSPITAL:
AIRCRAFT:	