

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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