



Pre-scheduled Transportation Request Form

Please complete and fax to 1st Advanced EMS at 614-418-7085
A Facesheet and Certification of Medical Necessity is required with this form

Name:

Pt's Weight (lbs):

Type of Transport

Wheelchair BLS Stretcher ALS Stretcher

Date of Birth:

Pickup Address

Suite:

Fax Number

Phone Number

Destination Address

Suite:

Doctor's Name

Phone Number

Date of Appointment

Time of Appointment:

Family to Transport

Special Equipment

Notes

1ST ADVANCED RESPONSE:

Confirmation Number _____

Pick Up Time _____