



AMERICAN EMS

Transportation Order Sheet

FAX TO: (770) 489-2132

Name of Patient: _____

Floor _____ **Appointment TIME** _____ **Appointment DATE** _____

Destination Address: _____

(Please include: Suite #, Doctor Name, Clinic or Area if available*)

Medicare: _____ **Other Insurance:** _____

Private Pay: _____ **Escort:** _____

(PT's who only have Medicaid will be billed to the Nursing Home)

******Special Needs: (I.E...Oxygen, Trach, Vent, Bariatric/Obese***

Person sending this fax from Nursing Home: _____

*****Please keep & file the fax confirmation in your records...Thank You*****

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