



**AMERICAN EMS**

## Transportation Order Sheet

Ph# 770-489-2131

Fax# 770-489-2132

Name of Patient: \_\_\_\_\_

Transport **Date/Time**: \_\_\_\_\_

**From** (Facility name): \_\_\_\_\_, Floor: \_\_\_\_\_, Room: \_\_\_\_\_

Address: \_\_\_\_\_

**To** (Facility name): \_\_\_\_\_, Floor: \_\_\_\_\_, Room: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*\*\***Special Needs**: (O2, Bariatric \_\_\_\_\_ LBs, Stairs: \_\_\_\_\_, ....)\*\*\*

Person Filling out form:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_