



////// The vital link in community health care ////

Phone (866) 276-9554
Fax (877) 483-3608

Com Center Rep: _____

EVS: _____ Auth: _____

Intake Date: _____

H2H Intraoffice Use Only - Do Not Complete

Hospital Transportation Request

Patient Name: _____ Treating Phys. NPI: _____

Date of Transport: _____ Room Number: _____

Pick-Up Time: _____ Height/Weight: _____

Requesting Facility: _____ Phone: _____

Street Address: _____ Zip: _____

Person Requesting Transport: _____
(Name, Title)

Contact Number: _____ Ext: _____

Destination Facility: _____

Street Address: _____ Phone: _____

Physician's Name: _____ Zip: _____

Type of Transport: WHEELCHAIR BARIATRIC WHEELCHAIR ELECTRIC SCOOTER
 AMBULANCE BARIATRIC AMBULANCE ADVANCED LIFE SUPPORT (ALS) Paramedic only
SEDAN SPECIALTY CARE SERVICE (SCT) Paramedic w/RN

Oxygen: Yes No LPM: _____

FAX FACE SHEET WITH REQUEST
PLEASE SEND PCS FOR STRETCHER REQUESTS

Reminder: A Physician Certification Statement (PCS) is required for all prescheduled discharges and transfers. Medical Assistance patients require County certification as well.