

Emergency Air Ambulance Authorization

Patient Information

Patient Name:

Date of Birth:

Patient ID/Medical Record Number:

Emergency Details

Date of Emergency:

Location of Incident:

Medical Condition:

Authorization

Authorizing Physician/Person:

Relationship to Patient:

Date of Authorization:

Consent

☐

I hereby authorize the immediate use of an air ambulance for the patient named above in accordance with the information provided.

Submit