



Document Title	PATIENT TRANSFER CHECKLIST FORM	Document Code	EMAHS-AM-FRM-013
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Transfer Service: Single Trip Round Trip

Patient Name:					
Contact Number:					
Date of Birth:		Age:		Sex:	
EID/Passport:					
Pick Up Date:					
Pick Up Time:					
Pick up address					
Drop of address:					
Booking date and time:					
Medical condition					

Tarmac Access Needed: YES NO

Special Request: Oxygen Wheel chair Infusion pump Ventilator

If it's a round trip, advise the patient that the waiting time for 1 hour is free of cost after which 350 per hour would be charged.

Kindly provide the following:

1. If the patient is going from home to hospital or hospital to hospital
 - Copy of Patient appointment form the destination or a referral letter
 - Medical report. (if the medical report is not available; patient must give brief explanation on medical condition)
2. If the patient needs required paramedic/ambulance assistance inside the airport clinic kindly provide the bellow following to get a **Tarmac Access** as necessary
 - Patient Passport Copy
 - Patient Flight Details
 - Medical Report