

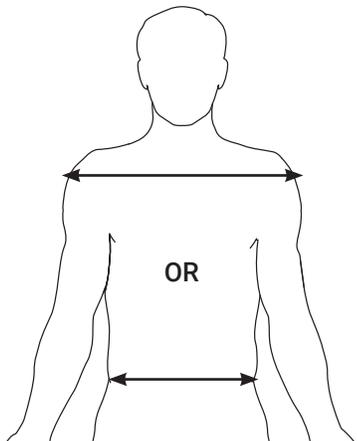
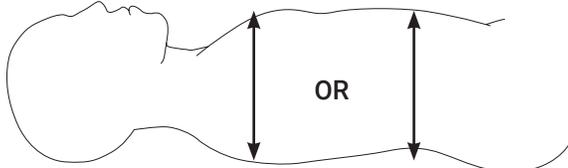
Please return form to: Fax 206-767-4639
LARGE PATIENT TRANSPORT REQUEST

Airlift Northwest will transport patients more than 250 lbs., but we will need additional information to make that decision. Please complete the form below and return it to us. We will call you after reviewing the form. The final decision of whether a patient can be transported safely is made by the medical crew after assessment of the patient, and lastly by the Pilot in Command.

TO:		FAX #:	
FROM:	Airlift Northwest	FAX #:	206-767-4639

PATIENT NAME:			
WEIGHT:		lbs.	BODY WIDTH:
HEIGHT:		ft.	
		in.	BODY HEIGHT:
			in.
ADDITIONAL LIFTING HELP CAN BE PROVIDED:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

With patient lying down, please measure the **widest** and **tallest** part of the body as shown on the diagrams below, enter the measurements in the boxes above.

BODY WIDTH	BODY HEIGHT
	

FOR INTERNAL USE:		
FLIGHT NO:	DATE:	PATIENT TRANSPORTED: <input type="checkbox"/> Yes <input type="checkbox"/> No