



## IMS AMBULANCE BOOKING (NON-EMERGENCY)

**FAX: (08)8162 9898**

**24/7 PHONE: (08)8162 9998**

<b>Booking Facility</b>	<b>Contact Name:</b>	<b>Contact Phone No:</b>	<b>Contact Fax No:</b>
<b>Pick Up Day:</b>	<b>Pick Up Date:</b>	<b>Pick Up Time:</b>	<b>Appointment Time:</b>
<b>Authorising Medical Practitioner ( *** This must be signed/authorised *** )</b>			
Name: Dr .....		Signed: .....	
<b>Pick Up Location</b> (Include Full Address):			<b>Ward / Dept:</b>
<b>Destination</b> (Include Full Address):			<b>Ward / Dept:</b>
<b>Patient Surname</b>		<b>Patient Given Names:</b>	
<b>Date of Birth</b>		<b>Gender:</b>	<b>Male / Female</b>
<b>Current Medical Condition (include any other relevant medical history)</b>			
<b>Patient for:</b>		<b>Responsible Billing Party:</b>	
<input type="checkbox"/> Admit / Discharge <input type="checkbox"/> Inter Hospital Transfer <input type="checkbox"/> Outpatient Appointment <input type="checkbox"/> Day Surgery <input type="checkbox"/> Return Nursing Home / Residence <input type="checkbox"/> Other .....		<input type="checkbox"/> Hospital Direct <input type="checkbox"/> SA Ambulance Service Subscription ↳ <b>SAAS Member No:</b> ..... <input type="checkbox"/> Health Partners ..... <input type="checkbox"/> Motor Accident Commission ..... <input type="checkbox"/> Workers Compensation .....	
<b>Special Requirements</b>		<b>Equipment / Luggage</b>	
<input type="checkbox"/> Oxygen ..... litres per minute (LPM) <input type="checkbox"/> IV insitu - Contents ..... <input type="checkbox"/> Graseby Pump - Contents ..... <input type="checkbox"/> Other: .....		<input type="checkbox"/> Luggage <input type="checkbox"/> Walking Frame <input type="checkbox"/> Aids / Appliances <input type="checkbox"/> Other: .....	
<b>Patient Weight</b>		<b>Escort</b>	
<input type="checkbox"/> < 100kg <input type="checkbox"/> >100kg < 135kg <input type="checkbox"/> 135kg + ( <b>IMS Bariatric Stretcher Unit</b> )		<input type="checkbox"/> Nurse Escort <input type="checkbox"/> Family Member ..... ( * maximum 2 )	
<b>Return Trip Required ?</b>		<b>Signature of Person Completing Form:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No    Est.Time: .....		( X )	