



FLIGHT REQUEST FORM

Ground Transport Only

Please email a copy of all airline ticker confirmations to the Flight Coordinator for all "Ground Transport" Only Request

Referrer Name				Today's Date	
Work Phone		Pager		Work Mobile	
Referring Hospital				Accommodation	
Referring Department				Referrer's Role	
Patient's Full Name					Male Female
Patient's Illness (Layperson's Terms)					
Patient's Medical Condition					Changed Unchanged
PLEASE NOTE: An updated Treating Doctor's Letter is required if the patient's condition has changed					
Patient's Date of Birth	Accurate Weight (kg)	Can Patient Walk Unaided?	Is Patient Infectious?	Is Patient Severely Immuno-compromised?	Is patient able to fly without medical assistance in a non-pressurised light aircraft?
PURPOSE OF THIS TRIP: eg) Routine Scans					
Nearest Airport to Home				Nearest Regional RPT Airport	
TRIP TO HOSPITAL		One Way	Return	TRIP FROM HOSPITAL	<input type="checkbox"/> Tick here if return details unknown
Origin				Origin	
Destination				Destination	
Travel Date				Travel Date	
Appointment Date				Release Date	
Appointment Time				Release Time	
Drop Off Location				Pick-Up Location	
Travelling Companion Full Name (as it appears on your ID)		Relationship to Patient	Accurate Weight (Kg) (Must be <120kg)	Mobile Phone	Date of Birth (All Passengers)
WEIGHT LIMIT: A maximum luggage weight of 20kg no exceptions unless prior approval was obtained. ONLY soft carry bags will be permitted.					
SPECIAL REQUESTS: Please indicate below whether additional equipment or luggage is required and provide all necessary details (eg, brand of equipment, weight, folded dimensions etc). All special requests need to be cleared with the Operations team prior to flight. Note that car seats are provided for travel and strollers are available to be borrowed from Little Wings upon request, please indicate below if required.					
Medical Equipment	Oxygen	Wheelchair	Extra Luggage	Loan Stroller	
FLYING CONSIDERATIONS: Please provide details of passengers we should be aware of for flying eg) Motion sickness, fear of flying, claustrophobic, pregnant travelling companion, any medical condition of travelling companion we need to be aware of					

For revisions of flight requests, please amend a saved copy as required and re-submit to the Flight Coordinator.