Emergency Ambulance Transport Authorization Form

Patient Information

Patient Name

Date of Birth

Phone Number

Address

Medical Record Number

Transport Details

Date of Transport

Pick-Up Location

Destination Facility

Reason for Transport

Medical Necessity

Medical Condition

Is the patient bedridden or unable to use other means of transportation?

[▼]

Other medical requirements

[   ]

Authorization

Physician Name

[   ]

Physician Signature

[   ]

Date

[   ]