



## Patient Transfer – Fax Booking Form

Transfer Date: \_\_\_\_\_ Requested By: \_\_\_\_\_ Requested Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_ Appt Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

“Is this requested pick up time flexible: Y or N

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_ lbs / kg Latex Allergy: Y / N

DNR: Y / N O2: Ltrs/min\_\_\_\_ Isolation: Droplet / Contact / Airborne / None

**Transfer Type: Wait & Return / Call & Return / One Way**

**Transfer Vehicle: Stretcher / Wheelchair**

**Pickup Location:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Floor:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **Bed:** \_\_\_\_\_

**Destination Location:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Floor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Stairs:** Y/N **Number of Stairs:** \_\_\_\_\_ **Escort** \_\_\_\_\_

**Reason for Transfer: Discharge / Appointment / Admission**

**Facility Payment:** Yes/No

**Family Payment:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Credit Card Info:** \_\_\_\_\_ **Expire:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Transfer Confirmation Details

**Date:** \_\_\_\_\_ **Time:** : \_\_\_\_\_ **Confirmation No.:** \_\_\_\_\_

If the Pick Time provided by CPTG is not acceptable please escalate to regional dispatcher

CPTG Dispatch Fax: 855-262-6769 Tel: 888-731-7008