

THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO TRANSPORT



1-888-UNM-PALS



Lifeguard Dispatch
1-888-UNM-PALS
(1-888-866-7257)
Fax (505) 272-2466

STATEMENT OF MEDICAL NECESSITY

Lifeguard Are Emergency Services
2211 Lomas Blvd NE
Albuquerque, NM 87106

Miles _____ sm

ICD-9 _____

Date of Transport _____

Point of Pick up Zip code _____ MR# _____ Flight # _____

Patient Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Patient's diagnosis for air ambulance transport _____

Secondary diagnosis _____

Was the patient's condition critical Yes _____ No _____

Was this an emergency trip Yes _____ No _____

Was the patient bed confined Yes _____ No _____

Was patient transferred from one medical facility to another? Yes _____ No _____ If so, Why? _____

Please give condition present that prevented the patient from being transported by any other means:

___ Community does not have ground transport capabilities

___ Closest ambulance greater than 2.5 hours away

___ Community does not have adequate ambulances (only one for the area)

___ Road and or weather conditions unsuitable for safe patient transport by ground.

___ Patient acutely ill and is greater than 2.5hrs from a facility equipped/staffed to care for patient's medical condition

___ Patient's medical condition requires rapid ambulance transport that cannot be provided by a ground ambulance

___ This facility not equipped/staffed to care for patient's illness and or injury

___ Other _____

Authorizing Signature _____ Date _____

(SIGNATURE REQUIRED FOR TRANSPORT)

Facility _____ Address _____

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