

Office Use Only ID Number _____-2010 Patient: _____ Flight Date: _____ Appointment: _____ Route: _____ to _____ Combined Weights _____ Instructions: _____ PIC _____ SIC _____	Return Flight ID Number _____-2010 Flight Date: _____ Route: _____ to _____ PIC _____ SIC _____
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Office Use Only: Data Base: _____ Excel Flight Plan: _____ Issued to Pilots: _____ Calendar: _____ Flight Documents: _____ FBO: _____

Destination and Flight Information Sheet

Patient Name: _____ DOB: _____ Age: _____ Weight: _____ Phone: _____ Medical Condition: _____ Waiver :

Passenger Name: _____ DOB: _____ Age: _____ Weight: _____ Phone: _____ Relationship: _____ Additional Passenger: _____ Waiver:
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Appointment Information Date: _____ Time: _____ Facility: _____ Address: _____ Doctor: _____ Office Phone: _____ Additional Appointments: _____ Release time if known: _____ Doctor Certification:

Flight Information Luggage: _____ Extra Cargo: _____ Total Weight: _____ Special Instructions: _____	Office Use Only Round Trip : yes no Outgoing Flight Date: _____ Route: _____ to _____ Flight Number: _____-2010 PIC: _____ cell# _____ SIC: _____
	Return Flight Date: _____ Route: _____ to _____ Flight Number: _____-2010 PIC: _____ cell# _____ SIC: _____

Emergency Contact Person Name: _____ Name: _____ Contact #: _____ Contact#: _____ Lodging Information: _____ _____
