



Giving Wings to Those in Need

Application for Flight Service Part I

How did you hear about Wings of Mercy?

Patient Information married single divorced single parent

Name: First Initial Last

Address: Street

City State Zip

Date of Birth: Age:

Weight in street clothes:

Contact Information

Home Phone:

Work Phone:

Cell Phone:

Email:

Fax:

If this form is being filled out by someone other than the patient:

Name: First Initial Last

Relationship to Patient:

Contact Information (if different from that of patient)

Home Phone:

Work Phone:

Cell Phone:

Primary Physician

Name:

Office Phone: Office Fax:

Please describe the patient's medical condition in depth.

Current Mobility (please circle one) Good Fair Limited

Required Equipment: walker wheelchair stretcher oxygen

Wings of Mercy **100 South Pine Street** **Suite 393** **Zeeland, MI 49464**
Phone 616.396.1077 **Toll Free 888.786.3729** **Fax 616.748.6093** **www.wingsofmercy.org**