



Giving Wings to Those in Need

Destination and Flight Information

Patient Information

Name: First Initial Last

Weight: lbs Cell Phone:

Liability Waiver: Doctors Certification: Type of Transfer: Home to Facility Facility to Facility

Airport Closest to Home: Private Residence to Private Residence

Passenger Information

Name: First Initial Last

Weight: lbs Cell Phone: Liability Waiver:

Appointment Information

First Appointment: Day Month Time Eastern Central

Last Appointment: Day Month Time Eastern Central

Facility:

Airport Closest to Facility:

Flight Information (For Office Use Only)

Outgoing Route: to Flight Number Date

Return Route: to Flight Number Date

Luggage Information

I have read and will comply with the luggage guidelines.

Combined Passenger Weight

Luggage Weight

Extra Cargo: Dimensions:

Total Weight

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