



Patient's Flight Evaluation

IN ORDER TO CONTINUALLY PROVIDE EXCELLENT SERVICE, WE NEED YOUR INPUT. PLEASE TELL US ABOUT YOUR EXPERIENCE WITH WINGS OF MERCY.

Please be open and candid. Your comments will be held in strict confidence.

Flight Information Flight Date _____ Departure Airport _____ Arrival Airport _____ Patient Name _____ Passenger Name _____ Pilots: PIC _____ SIC _____ Round Trip Flight: yes no

Today's Date _____

Name of Person Completing Evaluation: _____

Application Process:

1. What was your initial contact with Wings of Mercy? Webpage Phone Email Other
2. Were you treated in a courteous and professional manner by the WOM staff?
3. Were the application and information sheets you received easy to read and understand?
4. Was the application process adequately explained and easy to follow?
5. Did you fully understand the importance of accurate body weight disclosure and adherence to luggage limitations?
6. Did you comply with these regulations?
7. Did you understand that you would need a second Doctor's Certification for your return flight if you had a procedure that would affect your medical stability? _____ Did you have a blank Doctor's Certification Form with you on your trip?

Flight:

1. Did you have contact with the pilot prior to the flight to discuss details? Was this beneficial?
2. Were you treated in a courteous and professional manner by the pilots?
3. Since pilots are not responsible to assist the patient into and out of the plane, did the family provide adequate assistance?
4. Describe how the actual flight went and your impression of the mission (use back of sheet if needed).
5. Would you use Wings of Mercy again in the future? Explain: