



ActFas

ActFas Ambulance Booking (Non-Emergency)

Email: transport@actfastraining.com.au Phone: **0432 370 654** Or **0422 624 941** Fax: **08 8633 1424**

Booking Facility:	Contact Name:	Contact Phone No:	Contact Fax No:
Pick Up Date:	Pick Up Time:	Appointment Time:	Return Trip Required:
			Yes / No Est. Time
Authorising Medical Practitioner: (*** This must be signed/authorised ***)			
Name:		Signed:	
Confirmation Email:			
Pick Up Location (Include Full Address):			Ward / Dept:
Destination (Include Full Address):			Ward / Dept:
Patient Surname:		Patient Given Names:	
Date of Birth:		Gender:	Male / Female
Current Medical Condition: (include any other relevant medical history)			
Patient for:		Responsible Billing Party:	
Admit / Discharge		Hospital Direct (P/O No)	
Inter Hospital Transfer		SA Ambulance Service Subscription	
Outpatient Appointment		SAAS Member No:	
Return Nursing Home / Residence		Health Partners	
Radiology (specify)		Motor Accident Commission	
Other		Workers Compensation	
Special Requirements:		Equipment / Luggage:	
Oxygen litres per minute (LPM)		Luggage	
IV insitu - Contents		Walking Frame	
Other:		Aids / Appliances	
Advance Life Directives: (DNR)		Other:	
Patient Weight:		Escort:	
< 100kg >100kg < 135kg		Nurse Escort	
Other:		Family Member (* maximum 2)	
Print Name of Person Completing Form:		Signature of Person Completing Form:	
		(X)	

****PLEASE CONTACT ACTFAS TO CONFIRM BOOKING ONCE FORM IS SUBMITTED****