



ActFas

ActFas AMBULANCE BOOKING (NON-EMERGENCY)			
Email: transport@actfastraining.com.au		24/7 PHONE: <u>1300 ACTFAS (228 327)</u>	
Booking Facility	Contact Name:	Contact Phone No:	Contact Fax No:
Pick Up Day:	Pick Up Date:	Pick Up Time:	Appointment Time:
Authorising Medical Practitioner (*** This must be signed/authorised ***)			
Name: Dr		Signed:	
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	
Inter Hospital Transfer		Patient Direct	
Outpatient Appointment		SA Ambulance No:	
Day Surgery		Health Partners	
Return Nursing Home / Residence		Motor Accident Commission	
Other		Workers Compensation	
Special Requirements		Equipment / Luggage	
Oxygen litres per minute (LPM)		Luggage	
IV insitu - Contents		Walking Frame	
Graseby Pump - Contents		Aids / Appliances	
Other:		Other:	
Patient Weight		Escort	
<18kg / 18kg-40kg / 40kg-90kg / 90kg-110kg / 110kg-135kg		Nurse Escort	
135kg + (IMS Bariatric Stretcher Unit)		Family Member (* maximum 2)	
Return Trip Required ?		Signature of Person Completing Form:	
Yes No Est.Time:		(X)	

Please Contact ActFas Once Faxed Phone 1300 ACTFAS (228 327) Press 2

FAX: (08) 71232706