






PATIENT TRANSPORT BOOKING FORM

PATIENT DETAILS		JOURNEY TYPE (tick)		COMPLETED BY	
FAMILY NAME:	N.H.S. NO.:	OPD		Workplace: Tel No: Date: Auth by: Print Name: Approved Assessor Signature	
FIRST NAME:	HOSPITAL NO:	ADMISS			
PATIENT'S TEL NO:	D.O.B:	DISCHAR			
MR MRS MISS MS ADULT CHILD	Inward Journey Only <input type="checkbox"/>	TRANSFER			
	Outward Journey <input type="checkbox"/>	Single Booking			
		Repeat Booking			

COLLECT FROM ADDRESS:	CONVEY TO ADDRESS:	ESCORT	No.
		FRIEND/RELATIVE	
		NURSE/DOCTOR	
Post Code: <input style="width: 150px;" type="text"/>	Post Code: <input style="width: 150px;" type="text"/>	Wheelchairs:	
Ward/Dept/Clinic: <input style="width: 150px;" type="text"/>	Ward/Dept/Clinic: <input style="width: 150px;" type="text"/>	Patient has own wheelchair	<input type="checkbox"/>
APPOINTMENT TIMES (Enter appointment times in boxes)		Exora to supply wheelchair	<input type="checkbox"/>

Day:	MON	TUE	WED	THU	FRI	SAT	SUN
Date:							
Collection time							
Appointment time							

Tick the box for the type of transport required

<p>Paramedic Wheelchair/ Stretcher Transfer</p>  <input style="float: right;" type="checkbox"/>	<p>Technician Wheelchair /Stretcher Transfer</p>  <input style="float: right;" type="checkbox"/>	<p>Bariatric Wheelchair/ Stretcher Transfer</p>  <input style="float: right;" type="checkbox"/>	<p>PTS Wheelchair/ Stretcher Transfer</p>  <input style="float: right;" type="checkbox"/>
<p>Paramedic Blue Light Transfer</p>  <input style="float: right;" type="checkbox"/>	<p>Patient Notes:</p> <div style="border: 1px solid black; height: 40px;"></div>		

Special requirements (including any DNAR notice) / Property Access Issues / Notes:

Payment by Patient

Payment by Hospital



Send booking via - Fax: 0845 47 505 45 or email: bookings@exoramedical.com