

OSF LIFE FLIGHT



855-OSF-FLYT

855-673-3598

osflifeflight.org

Patient Name: _____

Date: _____

Transfer Checklist

- PATIENT CONSENT & ASSIGNMENT OF BENEFITS (FORM ENCLOSED)***
- CERTIFICATE OF MEDICAL NECESSITY FOR AIR AMBULANCE (FORM ENCLOSED)***
- CT SCANS X-RAYS ON CD (IF NOT AN OSF INTER-FACILITY TRANSFER)***
- LAB RESULTS***
- COPY OF CHART***
- FACE SHEET***

