LIFEFLIGHT OF MAINE

Transplant Candidate Worksheet

Please complete the information below and fax to:

Medcomm/LifeFlight of Maine Communications Center
207-275-2938

Patient Information

Name: _____

Phone: _____

Address: _____

Date of Birth: _____

Weight: _____

Please fill out the following if applicable:

Ground Ambulance Service: _____

Contact: _____

Phone: _____

Freq: _____

Landing Zone: _____

Alternate Landing Zone: _____

Closest Hospital: _____

Closest Airport: _____

Destination Facility: _____

Diagnosis / Special Needs: (example: patient on continuous oxygen)

_____

Transplant Coordinator / Social Worker: _____

Agency: _____

Phone: _____

Fax: _____

Pager: _____

Physician: _____

Hospital: _____