



# MISSION REQUEST FORM

(PAGE 1)

**\*\*\*Patients under the age of 18 MUST be accompanied by a parent or adult guardian\*\*\***

Date: \_\_\_\_\_ Patient's Record No. \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Height: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Language Spoken:** \_\_\_\_\_ If other than English, whom do we contact?

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Origination City : \_\_\_\_\_ Destination City: \_\_\_\_\_

Travel Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Release Time: \_\_\_\_\_

Patient's Place of Lodging: \_\_\_\_\_ Lodging Phone: \_\_\_\_\_

Requesting Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requester: \_\_\_\_\_ (Case Worker) Phone #: \_\_\_\_\_

Case Worker Pager: \_\_\_\_\_ Case Worker Email: \_\_\_\_\_

Patient's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's Medical Condition: \_\_\_\_\_

DIAGNOSIS IN LAYPERSON'S TERMS: \_\_\_\_\_

**BOTH PAGES MUST BE COMPLETED BY A QUALIFYING PERSON**  
***(Doctor, Nurse Social Worker etc.) & MAILED OR FAXED TO:***

**Pilots for Patients**  
**3127 Mercedes Dr. Monroe, LA 71201**  
**Phone (318) 322-5112 -- Fax (318) 388-4924**



## MISSION REQUEST FORM (PAGE 2)

Patient's name \_\_\_\_\_  
Treatment Facility at Destination: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor at Destination: \_\_\_\_\_ Phone: \_\_\_\_\_  
Passenger (other than patient): \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons flying with the patient must meet the same criteria as the patient with regard to their health. They must be ambulatory, medically stable and weigh less than 250 lbs.**

Does the patient meet guidelines? Y / N                      Is patient ambulatory? Y / N  
Crutches ? Y/N  
Will the patient be taking oxygen? Y / N                      Weight of Oxygen (lbs) \_\_\_\_\_  
Must be small aluminum canisters  
Weight of all baggage: \_\_\_\_\_ **NOT TO EXCEED 50 Lbs.!**  
The maximum number of bags is 2 and no larger than 12" x 18" x 24"

**While we strive to find a pilot for each request, it is encouraged for the patients to have a back up plan should we be unable to fill their flight requests.**

**BOTH PAGES MUST BE COMPLETED BY A QUALIFYING PERSON  
(Doctor, Nurse Social Worker etc.) & MAILED OR FAXED TO:**

**Pilots for Patients  
3127 Mercedes Dr. Monroe, LA 71201  
Phone (318) 322-5112 -- Fax (318) 388-4924**