

ATTACHMENT V

OFF ISLAND TRANSFER SCHEDULE
NOT PART OF THE MEDICAL RECORD

Patient's Name: _____

Unit: _____

Room: _____

Date of departure: _____ Time of Departure: _____

Airlines: _____ Flight Number: _____

*patient must arrive at the Airport no later than _____.
70 minutes (1 hour and 10 minutes) prior to departure for stretcher cases
2 hours prior to departure for counter check in cases

Medical Escort (s): _____

Record locator #: _____ Confirmed Return Date: _____

Main Family Escort: _____ Relationship: _____

Transport to Airport:

GFD Ambulance: GMHA Transport: Private Vehicle:

*NURSING: Please advise GFD ambulance or GMHA transport to be at the nursing unit by _____
(1 hour and 40 minutes prior to departure)*

Mode of Transfer:

Sitting: Stretcher: ITS: Lap Baby: Car seat:

Medical Escort: None: RN: MD: RT:

Oxygen: No: Yes: @ _____ liters per minute

O2 Use: On Ground & In Flight: Flight Only:

Plane Side Check-In: Counter Check-In:

Hospital to Hospital: Hospital OI as Outpatient:

Destination: (City/State/Country): _____

Accepting Facility: _____

Accepting MD: _____

Contact Number: _____

Transport to accepting facility: Ambulance: GMRO Van:

GMHA Social Worker Date

OFF-ISLAND TRANSFER SCHEDULE

Patient ID

Guam Memorial Hospital Authority

Reviewed/Revised: NM 11/15; SS 11/15; MEC 11/15; EMC 12/15

Online Form