Trip Number:	Trip Date:	Trip Type:	Tail Number:	
Patient Information		Flight Crew		
Patient Name	Other Passengers	PIC: SIC:	ShowTime: Origin EDT:	
Bed at Origin: Bed At Destination: Special Instructions		Medical Attendents:	Total Flight Time: Total Duty Time:	
ороско постана			Pre-Flight Duty Time: Post-Flight Duty Time:	

Leg	Departure ID	EDT UTC/LOCAL	Arrival ID	Flight Time	ETA UTC/LOCAL	Ground Time	PAX Leg

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ICAO	Airport City Name	State Country	Time Zone	FBO/Handler	Freq	Phone Fax	Fuel / \$

Outbound Customs		Campass 1-888-226-7277 Inbou		Customs
ICAO ID:			ICAO ID:	
Phone#:	APIS 🗆	Number:	Phone#:	APIS 🗌
Fax #:	GEN DEC 🗌		Fax #:	GEN DEC 🗌