

Trip Number: Trip Date: Trip Type: Tail Number:

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Patient Information Flight Crew

Patient Information Flight Crew

Patient Name	Other Passengers
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Patient Name	Other Passengers
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PIC:	ShowTime:
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PIC:	ShowTime:
------	-----------

SIC:	Origin EDT:
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SIC:	Origin EDT:
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Bed at Origin:

Bed at Origin:  
Bed At Destination:

Bed at Origin:  
Bed At Destination:  
Special Instructions

Medical Attendants: \_\_\_\_\_ Total Flight Time: \_\_\_\_\_

Medical Attendants: \_\_\_\_\_ Total Flight Time: \_\_\_\_\_

Medical Attendants:	Total Flight Time:
	Total Duty Time:

Pre-Flight Duty Time:

Pre-Flight Duty Time:  
Post-Flight Duty Time:

[illegible]

Trip Number:

Trip Date:

Trip Type:

Tail Number:

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

Outbound Customs

ICAO ID:

Phone#:

Fax #:

APIS ☐

GEN DEC ☐

Campass 1-888-226-7277

Number:

Inbound Customs

ICAO ID:

Phone#:

Fax #:

APIS ☐

GEN DEC ☐