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

Patient Information   Flight Crew

Patient Name   Other Passengers   PIC: ShowTime:
                                                       SIC: Origin EDT:

                                                       Medical Attendents:

Bed at Origin: Total Flight Time:
Bed At Destination: Total Duty Time:
Special Instructions

                                                                                        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

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

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

Outbound Customs   Campass 1-888-226-7277   Inbound Customs
ICAO ID: ICAO ID:
Phone#:   APIS ☐   Number: Phone#:   APIS ☐
 Fax #:   GEN DEC ☐   Fax #:   GEN DEC ☐