

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:
------	-------------

Bed at Origin:	Medical Attendants:
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Bed at Origin:	Medical Attendants:
Bed At Destination:	

Bed at Origin: Bed At Destination: Special Instructions	Medical Attendants:
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Medical Attendants: _____ Total Flight Time: _____

Medical Attendants:	Total Flight Time:
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Total 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 ☐