

Trip Number:

Trip Date:

Trip Type:

Tail Number:

Patient Information

Patient Name

Other Passengers

PIC:

SIC:

Medical Attendants:

ShowTime:

Origin EDT:

Total Flight Time:

Total Duty Time:

Bed at Origin:
Bed At Destination:
Special Instructions

Pre-Flight Duty Time:

Post-Flight Duty Time:

Flight Crew

[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 ☐