Trip Number:	Trip Date:	Trip Type:	Tail Number:
Pat	tient Information		Flight Crew
Patient Name	Other Passengers	PIC:	ShowTime:
		SIC:	Origin EDT:
Bed at Origin:		Medical Attendents:	Total Flight Time:
Bed At Destination:	:		Total Duty Time:
Special Instructions	5		0 511 1 0 1 7
			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

inproduct. inproduct. inprype.	Trip Number:	Trip Date:	Trip Type:	Tail Number:
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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	Inbound	Customs
ICAO ID:			ICAO ID:	
Phone#:	APIS 🗆	Number:	Phone#:	APIS 🗌
Fax #:	GEN DEC 🗌		Fax #:	GEN DEC 🗌