

Commissioners

Randy Church, Chairman
Jeff Branch, Vice Chairman
Clay Bollinger
Mike LaBrose
Donnie Potter



County of Caldwell
PO Box 2200
Lenoir, NC 28645
Phone (828) 757-8696
Fax (828) 757-1336
www.caldwellcountync.org

Patient Transport Approval Form

A Patient Transport Approval Form must be faxed to Caldwell County Emergency Services at (828-757-8696) after 5:00 pm fax number is 828-757-1182 for Non-Emergency transports. The form must be filled out in completion and faxed prior to placing call for transport. EMS will direct all medical facilities to call the receiving facility for Non-Emergency Transports on initial and/or return trips.

NON-EMERGENCY TRANSPORTS WILL NOT BE HANDLED UNTIL THE COMPLETED FORM IS SUCCESSFULLY FAXED.

DATE OF REQUEST _____

TIME OF REQUEST _____

PATIENT INFORMATION

FULL (LEGAL) NAME _____

REASON FOR AMBULANCE TRANSPORT _____

TRANSPORT FROM _____

TRANSPORT TO _____

FACILITY INFORMATION

NAME _____

ADDRESS _____

CONTACT PERSON _____

_____ AGREES TO ACCEPT RESPONSIBILITY FOR CHARGES ON THE
(FACILITY or RESPONSIBLE PERSON)

TRANSPORT OF _____ FROM _____
(PATIENT) (PICK UP LOCATION)

TO _____
(DESTINATION OF TRANSPORT)

(PRINT NAME)

(SIGNATURE)

OFFICE of EMERGENCY SERVICES
Dino Dibernardi, Director

Revised 3/15/14