

Emergency Medical Service of LeFlore County

PO Box 1025 – Poteau OK 74953 918.647.9270 Fax 918.647.8525

CERTIFICATION FOR MEDICAL NECESSITY OF AMBULANCE TRANSPORTATION

Patient Name: _____ Date of Service: _____

Referring Physician: _____ Accepting Physician: _____

Referring facility: _____ Receiving facility: _____

Diagnosis or reason for ambulance transport: _____

Physician specialist is required for this patient's care and is not available at this institution.

(Please check the appropriate physician consultation or skill required)

- () Cardiology () Trauma surgeon () Gastroenterologist () Neurologist
() Vascular surgeon () Cardiothoracic () Pulmonologist () Neurosurgeon
() Pediatric ICU () Burn specialist () Other _____
() Intensive care is not available at this institution

<p>This patient cannot go by any other means other than ambulance because: () Unconscious () Oxygen therapy () IV infusion () Cardiac monitoring () Immobilization () Contractures () Heavily medicated with: _____ Given at: _____</p>
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The following facilities were not used because:

Eastern Okla. Med. Ctr. () Specialist not available () No bed available () Physician refused patient

Sparks Regional Ctr. () Specialist not available () No bed available () Physician refused patient

St. Edwards Mercy () Specialist not available () No bed available () Physician refused patient

McAlester Regional () Specialist not available () No bed available () Physician refused patient

I certify that this patient's condition warrants and is medically necessary for ambulance transportation.

PRINTED name of RN/LPN/MD/DO Signature Date signed