

PLACE MRN STICKER HERE

Emergency Medical Service of LeFlore County

PO Box 1025 – Poteau OK 74953 918.647.9270 Fax 918.647.8525

Physician’s Certification Statement for Ambulance Transport

Patient Name: _____ Date of Service: _____

Referring Physician: _____ Accepting Physician: _____

Referring facility: _____ Receiving facility: _____

Diagnosis or reason for ambulance transport: _____

Complete only for HOSPITAL TO HOSPITAL transports only

- () Cardiology () Trauma surgeon () Gastroenterologist () Neurologist
- () Vascular surgeon () Cardiothoracic () Pulmonologist () Neurosurgeon
- () Pediatric ICU () Burn specialist () Adult ICU () Pediatric specialist
- () Other please specify: _____

This patient cannot go by any other means other than ambulance because: () Unconscious
 () Oxygen therapy () IV infusion/Medications () Cardiac monitoring () Immobilization
 () Contractures () Ventilator () Orthopedic Device(that prevents wheeled chair transport)
 () Suctioning () Psychiatric Hold () Airway control () Heavily Medicated () Restraints

The following facilities were not used because:

EOMC () Specialist N/A () Bed N/A () Physician refused patient () Not Comprehensive Stroke Cntr

Baptist () Specialist N/A () Bed N/A () Physician refused patient () Not Comprehensive Stroke Cntr

Mercy () Specialist N/A () Bed N/A () Physician refused patient () Not Comprehensive Stroke Cntr

McAlester () Specialist N/A () Bed N/A () Physician refused patient () Not Comprehensive Stroke Cntr

() MD () DO () PA () NP () CNS () RN () LPN () Case Mngt

PRINTED name of RN/LPN/MD/DO/PA

Signature

Date signed