

Please complete and email form to:

Email: commercial@medicaltravelsolutions.co.za
Facsimile: +27 (011) 706 5582

Medical Assistance -
Pre Flight Information Request for Full Stretcher / Seated Commercial / Escort only Services

A. Patient / Accompanying member details

Proposed Travel Date:

MTS Case Number:

Client:

Client Case Number:

Patient Details

Name and Surname:

Date of Birth:

Nationality:

Passport Type:

Passport Number:

Passport Issue Date:

Passport Expiry Date:

Copy MUST be sent to MTS

Valid Yellow Fever Card – if applicable YES NO

Copy MUST be sent to MTS

Current Location – Exact Address

Contactable Telephone Number

Final Destination – Exact Address

Accompanying Member Details

Name and Surname:

Date of Birth:

Nationality:

Passport Type:

Passport Number:

Passport Issue Date:

Passport Expiry Date:

Copy MUST be sent to MTS

Valid Yellow Fever Card – if applicable YES NO

Copy MUST be sent to MTS

Current Location – Exact Address

Contactable Telephone Number

Final Destination – Exact Address

Referring Doctor Name and Surname:

Referring Doctor Contactable Telephone Number:

Receiving Doctor Contactable Telephone Number:

Receiving Doctor Contactable Telephone Number:

B. Flight Requirements

Requirements			Notes
First Class	Business Class	Economy Class	
Stretcher Commercial			
Oxygen required in flight			
Airport Clinic Assistance			
Wheelchair Assistance			
PAU Assistance			
Transportation			
Accommodation			
Visas			

C. Staff Requirements

Doctor	Paramedic	1	2
Female	Male	1	2