

St. Jude Ambulance PCS Form For Non-Emergency Transport 11500 Northwest Fwy Ste 265 Houston, Texas 77092 Tel: 713-538-3319 Fax: 713-255-8899

		First Name	
Patient Transport Date:		Transport Exp 60 Days _	
Origin:	Madiasid	Destination:SS	· #
Qualifying do	cumentation supporting presu	imptive reasons that non-emergency ground transport by other measust be maintained in the patient's medical records. Check all that	eans than ambulance is contraindicated
	Bed Confined * All Thr	ee below must be met to qualify for bed confinement.	
	Unable to ambulate*		
	Unable to get out of bed without assistance*		
	Unable to safely sit up in wheelchair*		
	Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.		
	Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcer on buttocks.		
	Third party assistance /attendant required to apply, administer, or regulate or adjust oxygen in route		
	I.V. medication / Cardiac / Homodynamic monitoring required during transport		
	Special Handling while in route (VRE, MRSA, ext.)		
	Contractures / Seizures prone and requires monitoring by trained staff		
	Non- healed fractures		
	Moderate to severe pain on movement		
	DVT requires elevation of lower extremity		
	Morbid Obesity requires additional personnel / equipment		
	Orthopedic device (backboard, halo, use of pins in traction, etc.) special handling in transit		
	Severe muscular weakness and de-conditioned state precludes any significant physical activity		
	Restraints (physical or chemical) anticipated or used during transport		
	Danger to self or others -seclusion (suicidal)		
	Confused, combative, lethargic, comatose		
	Would the patient's healt ————————————————————————————————————	th at the time of service be jeopardized if an ambulance service wa	as not used?
	's Authorization information contained above rep	presents an accurate assessment of the patient's medical condition on this	date of services.
Physician Signature		Physician Name Printed	Date
Physician ID) #	NPI #	

This authorization must be completed by the attending physician for scheduled repetitive transport. For non-repetitive transport the authorization may be signed by the attending physician, physician assistant, registered nurse by the facility where patient is being treated.