



GET A TRANSPORTATION QUOTE

Request Information

Please complete the fax it to (814) 948-6148. A Med-Van representative will contact you with your requested information. If you prefer, you may call 1-888-633-9995.

Your Name (required):

Address:

City:

State:

Zip Code:

Transport Date (required):

Pick Up Date:

Drop Off Destination:

Contact Person:

Model of Transport: ALS Ambulance BLS Ambulance Station Car Wheelchair Taxi

Is this Round Trip: Yes No

Patient Name:

Date of Birth:

(required)

Pick Up Time:

Pick Up Address:

Phone Number:

Diagnosis:

Patient Weight:

Will any of the following be needed:

- Need Oxygen Need Wheelchair Need Wide Wheelchair Need Large Body Surface Stretcher Need IV Need IV Pump Need Cardiac Monitor
 Need Extra Attendant Need Ventilator Stretcher Transport BLS / ALS / Stretcher Van