

KOOTENAI COUNTY EMS SYSTEM

Non-Emergent Transport Request Form

(Transports not going to the Emergency Department)

****FAX THIS FORM, PCS FORM & FACESHEET PRIOR TO TRANSPORT FOR SCHEDULING PURPOSES ~ 208-930-4259****

KCEMSS will call you to schedule transport

If possible, please give us 24-48 hours' notice

_____ Patient	_____ DOB	
_____ Pick up Location	_____ Room #	_____ Pick up Time
_____ Transport Destination	_____ Date of Transport	_____ Appointment Time
_____ Reason for Transfer/Diagnosis	_____ ICD 10 Codes	

Please indicate the needs of the patient DURING transport.

- Oxygen (specify l/min & delivery) _____
- ALOC/Dementia (explain) _____
- Bedbound (reason) _____ Bariatric (wt.) _____
- Weakness Contact Precautions Needed Pain Management
- Other _____

Person Requesting Transport _____ **Phone Number** _____

*Kootenai County Emergency Medical Services System • 208-930-4224 • Fax 208-930-4259
Office Hours Monday – Thursday 0730 – 1600 • Friday 0730 - 1500*



To provide exceptional, compassionate and innovative medical care and service to the citizens and visitors of Kootenai County.