

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 - 1400



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