

# Medical Travel Solutions

**Please complete and email form to:**

Email: commercial@surgeon-and-safari.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