

**Rural/Metro Ambulance 303-343-2022
Dispatch Information**

The following information will be necessary when calling to set up patient transport.

Patient Information (face sheet):

**Note: if the patient
has been set up in our
system previously,
we will already have
this information*

Name

DOB

Social Security Number

Primary Insurance

Policy #

Secondary Insurance

Policy #

Pick up location:

Location name

Room #

Caller name & call back #

Destination location:

Location name

Room #

Establishing level of care

Diagnosis

Stretcher or WheelChair

If stretcher, what is the reason for stretcher?

If wheelchair, can the patient stand & pivot?

can the patient walk? If so, how far?

Special equipment (i.e., IV, O2, monitor, trach, suction, vent, etc.

Will the patient require medications during transport, if so what

Date & Time

Date of service requested

Pick up time and appointment time (if applicable)