AEROMEDICAL EV	ACUATION MISSION	OFFLOAD MESSAGE	AEROMEDICAL EV	ACUATION	MISSION OFFLO	DAD MESSAGE
Please transmit the	To:	No Later Than:	Please transmit the	To:	No L	ater Than:
following information		Z	following information			Z
LOAD	ON BOARD	OFF LOAD	LOAD	ON BO	OARD	OFF LOAD
LITTERS			LITTERS			
AMBULATORY			AMBULATORY			
Med/Non-Med			Med/Non-Med			
ATTENDANTS			ATTENDANTS			
AE CREW			AE CREW			
TOTALS			TOTALS			
Number of Seats Released for Pax:			Number of Seats Released for Pax:			
SPECIAL REQUIREMENTS (Circle appropriate items/print in open fields)			SPECIAL REQUIREMENTS (Circle appropriate items/print in open fields)			
PATIENT CITE NUMBER:			PATIENT CITE NUMBER:			
Ambulance (ACLS/BLS); Defibrillator; Cardiac Monitor; IVAC; Oxygen;			Ambulance (ACLS/BLS)	; Defibrillator;	Cardiac Monitor;	IVAC; Oxygen
Medical Compressed Air;	Medical Compressed Air;	Suction;	Physician; F	light Surgeon;		
Medication(s):			Medication(s):			
Other:			Other:			
PATIENT CITE NUMBER:			PATIENT CITE NUMBER:			
Ambulance (ACLS/BLS); Defibrillator; Cardiac Monitor; IVAC; Oxygen;			Ambulance (ACLS/BLS); Defibrillator; Cardiac Monitor; IVAC; Oxygen;			
Medical Compressed Air; Suction; Physician; Flight Surgeon;			Medical Compressed Air; Suction; Physician; Flight Surgeon;			
Medication(s):			Medication(s):			
Other:			Other:			
PATIENT CITE NUMI		PATIENT CITE NUMBER:				
Ambulance (ACLS/BLS);	Ambulance (ACLS/BLS)	; Defibrillator;	Cardiac Monitor;	IVAC; Oxygen		
Medical Compressed Air;	Suction; Physician	Medical Compressed Air;	Suction;	Physician; F	light Surgeon;	
Medication(s):			Medication(s):			
Other:			Other:			
Nurse / Medic certified to accept narcotics: YES / NO			Nurse / Medic certified to accept narcotics: YES / NO			
HI-LIFT TRUCK K	LOADER HDPLP	PLS AIRSTAIRS	HI-LIFT TRUCK K	L-LOADER	HDPLP / PLS	AIRSTAIRS
AE Crew Transportation:	AE Crew Transportation: # AECMs					
COMMENTS:	COMMENTS:					
COMMENTS:						
		Time:				Time:
Offload message provided to:			Offload message provided	message provided to:		