

LifeFlight of Maine: Transplant Candidate Worksheet

**Please complete bold/underline info & fax to:
Medcomm/Lifeflight of Maine Communications Center 207-275-2938**

Patient Name:

Phone:

Address:

DOB:

Weight:

Ground Ambulance Service:

Contact:

Phone:

Freq:

LZ:

Alternate LZ:

Closest Hospital:

Closest Airport:

Destination Facility:

Diagnosis / Special Needs: (example: patient on continuous oxygen)

Transplant Coordinator / Social Worker:

Agency:

Phone:

Fax:

Pager:

Physician:

Hospital:

Phone:

Fax: