

Physician Certification for Non-Emergency Transportation

Name of Patient: _____

DOI: _____

Date of Birth: _____

SS#: _____

- Unable to Ambulate
- Non-healed fractures
- Moderate to Severe pain on movement
- Confused, combative, lethargic, comatose
- Contractures
- Unable to get out of bed without assistance
- Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.
- Unable to sit in the chair or wheelchair due to Grade II or greater decubitis ulcers on buttocks.
- Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route
- I.V. medications/fluids required during transport
- Cardiac/Hemodynamic monitoring required during transport
- DVT requires elevation of a lower extremity
- Morbid Obesity requires additional personnel/equipment to handle
- Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Restraints (physical or chemical) anticipated or used during transport
- Dangers to self or others - monitoring
- Risk of falling off wheelchair or stretcher while in motion
- Other: _____

I certify that the information contained above represents an accurate assessment of the patient's medical condition.

Signature of Physician

Date