

 Patient’s Label

MEDICAL TRANSPORT CONSENT FORM

Date…………/………../…………… Time …………………… High Risk Consent

Patient Name ……………………………………………………………………..Age…………………..Sex M F

Address………………………………………………………………………………………………………………………………………………

 Road Ambulance Air Ambulance Train Ambulance International Air Ambulance

Tel.Ph.No………………………………………..From ……………………………..To ……………………………………..

I……………………………………………………………………………..F/O,S/O,D/O,W/O…………………………………………………….

Alsa . its medical team to Transfer by Road/Air/Train Ambulance Ms./Mr.................

………………………………………………………………………………………………………………..the patient.

1. It has been explained to me that during the course of Medical Transport by Road/Air /Train Ambulance unforeseen condition may be revealed or encountered ,which may necessitate immediate intervention ,surgical or other emergency procedures in addition to or different from those contemplated at the departure.I authorize the accompanying medical team to perform /carry out emergency lifesaving procedures ,as they deemed necessary or desirable .
2. I fully understand and acknowledge that no guarantee and promise has been made to me concerning the result of any procedure /treatment during medical transport .
3. I have been given an opportunity to ask all/any questions and I have also been given option to ask for any second option concerning the safety of medical transport .The decision to transport the patient is solely taken by the undersigned and Alsa . Alsa has in no way recommended or influenced the need /urgency for the medical transport.
4. …………………………………………………………Hospital shall not be responsible in any manner whatsoever,for the deterioration of medical condition or death of the patient during the course of medical transport due to failure of medical equipment (s)/accident/mechanical failure of the vehicle poor weather condition ,traffic jams etc or any other unforeseen circumstances causing delay in the medical transport by road and /air / train ambulance .

I hereby certify that the statement made herein above, consent from have been read over and explained to me in vernacular and that I understand the same .I fully understand and acknowledge the implication of the above consent from and further submit that the statement referred to above were filled in before I signed /placed my thumb impression ,in acceptance.

Ambulance Charges@ …………………………………….

Doctor and Equipment Charges@ ………………………..

Ambulance Charges@..............................................

Signature Of Patient/Thumb Impression

Name of the relative/friend/next of kin signature ………………………..Relationship……………………….

I confirm that I have fully explained the nature .effects and risk involved in the course of medical transport/emergency evacuation to the person (S) who has signed the above consent form.

Name of Doctor Name of the nurse/paramedic

Signature ………………………………… Signature ……………………………..

 TERM AND CONDITION

1.The payment of the medical transport services has to be made upfront by the / attendant to hospital before the journey begins. The same can be made to the ambulance staff.

2.In case of new destination ,payment for the mileage with the rough estimate has to made before departure and the final payment shall be settled on arrival at the destination.

3. No attendant shall be allowed inside the ambulance cabin.

4.Before leaving the ambulance the patient and the attendant has to ensure that all the belongings , valuables and the medical reports have been dully collected and nothing has been left in the ambulance .

5.No claims regarding personal belonging /forgotten medical reports shall be entertained by hospital after the ambulance has left the final destination .Hospital and /or ambulance staff

In no way whatsoever be liable or responsible for the same .

6.All valuable ornaments personal belongings ,mobile phones have to be handed over to the attendant accompanying the ambulance .If there are ornaments that cannot be removed ,the same have to be brought to the notice of the ambulance staff. note of which shall be made in the patient’s report from and should be counter checked and signed by the accompanying the patient . No claim for the lost ornament /valuables of the patient shall be entertained after the ambulance has left the destination . Hospital and /Ambulance staff in no way whatsoever be liable or responsible for the same .

7.

All disputes and shall be subject to the jurisdiction of Delhi/Gurgaon court only.