



Giving "Wings" to Those in Need

IMPORTANT INFORMATION TO PATIENT AND PASSENGER

Enclosed are Wings of Mercy MN, Inc. Authorization and Waiver Forms. These must be properly filled out and sent to the flight director before a flight can be scheduled.

Give the Flight Director as much time as possible to arrange the flight. Many of our pilots are business men who volunteer their time to provide flights. We generally arrange flights 7 – 10 days or more in advance. All flights depend on weather conditions and pilot availability.

One of the pilots assigned to your flight will contact you with all the important details at least 24 hours before departure. Plan to arrive at the airport 30 minutes prior to your expected departure time.

If there are any changes in your schedule, call Wings of Mercy Flight Director, Richard LaBute immediately.

Please read the enclosed information. It will acquaint you with the patient requirements and Wings of Mercy MN policies.

It is our mission to provide safe, rapid, comfortable transportation to and from the medical center; our mission is accomplished after you are safely at your designated airport. Transportation to and from the medical center should be arranged with private transportation; cab, van or shuttle bus.

Flight Director: Richard LaBute
Phone: (763) 682-5657 Fax: (763) 682-3763
Email: dickandyoko@bwig.net

Wings of Mercy MN / PO Box 1921, 7098 East Fish Lake Road, Maple Grove, MN 55311
(800)986-3729 (763)416-4736 Alternate Fax (763)416-3776



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Recipient Information

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Alternate Cell Phone: _____

Email Address: _____

Emergency Contact Information

Name: _____ Contact Phone: _____

Relationship: _____

Travel Information

Date of Flight: _____ Preferred Airport: _____

Number of Passengers: _____

Passenger Weight: _____ Second Passenger Weight: _____ Baggage Weight: _____

Patient Waiver Received: _____

Doctor's Certification Received: _____

Medical Information

Current Diagnosis / Condition: _____ Primary Physician: _____

Ability to Move: Normal Restricted Wheelchair Stretcher

Financial Need

(Factors that affect your financial stability)

Return to: Richard LaBute, Flight Director
Wings of Mercy MN, Inc.
Phone: 763 682 5657
Fax: 763 682 3763
dickandyoko@bwig.net

Wings of Mercy MN PO Box 1921 Maple Grove, MN 55311 (800) 986 3729 (763) 416 4736
Alternate Fax: 763 416 3776



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DOCTOR'S CERTIFICATION

MEDICAL DOCTOR'S CERTIFICATION OF PATIENT FLIGHT

I, _____ do hereby certify that my patient
Physician's Name

Patient's Name

is medically stable and can be safely transported in an unpressurized or pressurized, general aviation aircraft provided by or arranged for by "Wings of Mercy Minnesota, Inc. without charge, for the purpose of transporting said patient to and / or from the medical center named here:

Facility Name

City, State

for required medical treatment. I further certify that said patient is not on any medication that may cause adverse effects at altitudes consistent with non-pressurized or pressurized aircraft. To the best of my knowledge, this patient is financially unable to afford the cost of commercial air transportation.

Physician's Signature

Date

Dated At: City and State

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