

Ref. No.



SARAS AMBULANCE SERVICES

A-1772, Green Field Colony, Gate no. 1, Faridabad (Hr.)

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Email : info@sarasambulance.com

Website : www.sarasambulance.com

☐ AIR AMBULANCE ☐ ROAD AMBULANCE ☐ TRAIN AMBULANCE

Commercial No. No.

Charter Km. Departure Time

Km. Arrival Time

Date of Medical Evacuation

Sector From

Sector To

Full Name Mr. / Mrs.

S/O, W/O, D/O

Passport No.

Nationality

Address

Contact Person

Mobile No.

Consent For Treatment

- Permission is hereby given for the performance of any diagnostic examination IV/blood transfusion, emergency treatment procedure & for the administration of any

drug / anesthetic as may be deemed advisable in the course of this Medical Evacuation.

- The money / valuables brought in the Ambulance by / me / my relatives will be kept at my / our risk & it will not be the responsibility of the Ambulance services.
- If there is any allergy from my drug during treatment the doctor will not be held responsible for this response of body to the drug.

Signature of RelativeRelation

Full Name & Ph. No.

Signature of patient..... Address

File Prepared

Name

Escort Team 1.

2.

3.