



Lovington Fire Department

213 S. Love
Lovington, NM 88260
Office: 575.396.2359
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"Progressive and Professional"



TRANSFER REQUEST FORM

General Information

Date: _____ Time: _____ Pickup Date/Time: _____

Call Taken By: _____

Hospital RN or EMT Making Notification: _____

Department Making the Request (i.e. ED, Floor): _____

Patient Information:

Patient Name: _____

Date of Birth: _____ SSN: _____

Home Address: _____

Insurance Information: _____

Transfer Information:

Ordering Physician: _____

Pickup Location: _____

Accepting Physician: _____

Receiving Facility: _____

Reason for Transfer: _____

Please Note:
Bed Confinement Status must have additional orders to meet medical necessary requirements.

Physicians Orders:

*****PRIOR APPROVAL NUMBER REQUIRED FOR THE FOLLOWING*****

Centennial Molina, Molina Healthcare – Refer to PA Request Form

Centennial Presbyterian, 1-888-923-5757, Option 5 PA #: _____
 BCBS Behavior Helath, 1-888-898-0070 PA #: _____

Condition Codes Please Check All That Apply:

Moved by Stretcher Bed Bound Shock/Unconscious Visible Hemorrhage Restraints
 Medically Necessary Hospital Admitted Emergency Situation

Rev: 06/17

Fire Department Use Only