



University of Colorado Health Inter-Facility Transfer Request:

Pick-up date:

Time requested:

Patient Initials **ONLY**:

Patient MRN:

Patient Age:

Gender:

Priority: please check appropriate box

- Emergent Non-emergent Secure Car/ Wheelchair Van Appointment

Sending facility:

Room number:

Receiving facility:

Room number:

Special equipment: please check appropriate box

- ECG monitor Bariatric Ventilator Medication drips

Caller name:

Call back number:

Crew notified: (GESC ONLY) YES NO

If you have not received a callback within 15 minutes of sending this request, please call the EMS supervisor at

970-689-2462