



POLICIES AND PROCEDURES

1-844-TX

Obese Patient Air Transport Request

To: _____ Fax #: _____

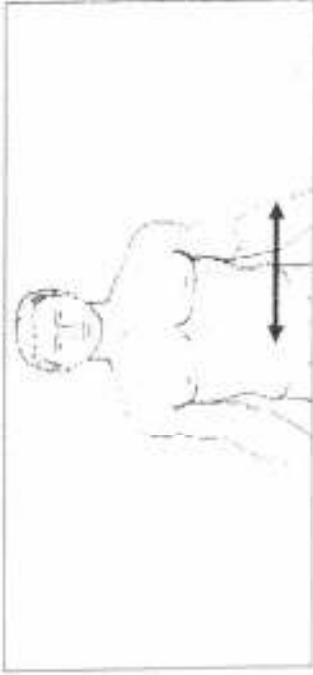
From: PHI Air Medical Fax #: _____

Patient Name: _____ DOB: ____/____/____

Weight: _____ lbs divided by 2.2 = _____ Kgs

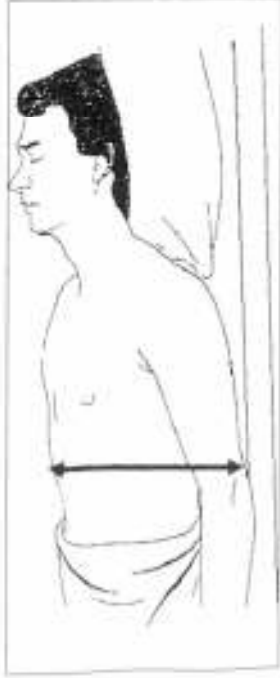
Height: _____ Ft. _____ In.

Measurement of the Sagittal Plane (width): _____ inches



From the umbilicus, measure the patient's left side by placing a hard square object, (i.e., book, clipboard); compress the adipose tissue medial to the patient and measure. The arrows depict the area to be measured.

Measurement of the Axial Plane (height): _____ inches



With patient lying supine, take a small straight edge, (i.e., a yard stick or broom handle) and lay it on the patient's abdomen, then with a tape measure or other measuring device, measure up to the straight edge and record. The arrows depict the area to be measured.