

## Request Quote for International Medical Transportation

I / We, \_\_\_\_\_ request quote for International Medical Transportation with the information below.

<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
<b>Date of Birth</b>	DD/MM/YY
<b>Diagnosis / Onset Date</b>	Diagnosis _____ Date _____
<b>Medical Information</b>  ※ <i>If it is difficult to fill in this medical information, please contact us by call or email.</i>	Blood Pressure: ____ / ____ mmHg      Pulse: ____ / min      Heart Rate: ____ / min SpO2: ____ % <input type="checkbox"/> Room    O2: ____ ℓ/min(Mask · Nasal) <input type="checkbox"/> Ventilator (Mode:      FiO2      %)
	Blood Test: Hb ____ g/dl ADL: <input type="checkbox"/> Standing (Independent · dependent) <input type="checkbox"/> Wheel Chair (How long the patient sits on it: _____ ) <input type="checkbox"/> Bed Rest <input type="checkbox"/> Others Medical Care and Medication: <input type="checkbox"/> Feeding Tube (NG tube    Fr · PEG) <input type="checkbox"/> IV (IV contain Vasopressor Drug <input type="checkbox"/> Yes · <input type="checkbox"/> NO) If Yes, Name of Drug: <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Other information that need to inform
<b>Name of Hospital (Originating Point)</b>	Name of Hospital: _____ Country: _____ City: _____
<b>Name of Hospital (Destination Point)</b>	Name of Hospital: _____ Country: _____ City: _____ <input type="checkbox"/> Already accepted <input type="checkbox"/> Family member will find <input type="checkbox"/> IHC Needs to Support
<b>Air Ticket</b>	Do you have Air Ticket for return flight ( Yes · No ) If YES, the ticket is (changeable · Non changeable) If NO, <input type="checkbox"/> Family member arrange the ticket <input type="checkbox"/> Request to IHC to arrange the ticket
<b>Arrange the Ambulance</b>	Do you need the ambulance?    In Japan: YES · NO    In Your Country: YES · NO
<b>Insurance</b>	Do you have insurance? YES · NO If yes, name of Insurance Company ( _____ ) The Insurance covers Evacuation Fee? YES · NO
<b>To whom send the quote</b>	
<b>The remarks (Please write down anything such as request · questions etc)</b>	

※We provide International Medical Transportation between Japan and other countries only.

※For making a quote, we need all information above. If you have some difficulty to fill this form especially medical information please contact us by phone(03-3501-1332) or email(mail@ihc-clinic.jp).

Date of request estimate(DD/MM/YY): \_\_\_\_\_

Request the quote by (DD/MM/YYYY @ TIME) \_\_\_\_\_