



Please **fax** the following information to **24/7 Transfer** at **1-317-968-1000**

- Face Sheet
- Copy of the patient's insurance card (front and back)
- Medical Necessity form with the Physician's signature

Include this checklist with the following information:

Contact information

Please provide the name and contact information for one family member/friend of patient, who is authorized to receive information about the patient and to aid in our communication with the family.

Authorized contact person _____
Relationship _____
Phone number _____
Is this person aware of the transfer/admission? _____
Does the patient need any language assistance/Interpreter? _____

Continuity of Care

Please **send** the following information **with the transport team:**

- All medical records, including the Emergency Department record if applicable
- All diagnostic studies
- Medication records
- Old medical records
- Advanced directives form
- Signed release of information form

Please send any additional information that will assist us in caring for your patient and include information on special needs.

Thank you for sending your patient to Indiana University Health.

Please contact 24/7 Transfer at 1-877-247-1177 or Riley 1-877-447-4539 if you have any questions.