Physician Certification Ambulance Statement

SECTION 1 – GENERAL INFORMATION

Closest Appropriate Facility? Yes No If no, why is transport to more distant facility required?		t's Name:				Gender:		
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	to obtain the signature of the attending physician, any of the following may sign (please check appropriate box below):							
□ Nurse Practitioner □ Clinical Nurse Specialist □ Discharge Planner □ LPN MAY NOT SIGN □ LPN MAY NOT SIGN			•					
	N	urse Practitioner	☐ Clinical Nurse Specialist	☐ Discharge Planner		LPN MAY NOT SIGN		