

MEDEVAC INTAKE FORM FOR NMCP

Date: _____

Time: _____

Name of person answering: _____

Contact Number: _____

Command/Caller Information

Command: _____

Name of person calling: _____

Contact Number: _____

Email Address: _____

Type of MEDEVAC

Incoming HELO (check/circle)

NMCP HELOPAD:

▪ Arrival Time: _____

NOB HELOPAD:

▪ Arrival Time: _____

Incoming MAC Flight (check/circle)

Chambers Airfield:

▪ Arrival Time: _____

Bldg. LP1 at NOB

▪ Arrival Time: _____

Incoming Commercial

Airport: _____

Flight Number: _____

Arrival Time: _____

Patient Information

Name: _____

Last 4 of SSN: _____

DOB: _____

Reason for Medevac: _____

Now Please Notify Fleet Liaison Department by both email AND phone!

➤ Email: mar-DFAFleetLiaison@med.navy.mil

➤ Phone Con: (757) 417-5483

➤ Or (757) 303-2408