



1210 N. Washington | PO Box 389  
Plainville, KS | (785) 434-4553  
<http://www.rookscountyhealthcenter.com>

**ALTERNATE TRANSFER FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Record No.: \_\_\_\_\_ Account Number: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Transfer from Rooks County Health Center by private vehicle to another hospital, clinic, or diagnostic testing facility for further evaluation by Dr. \_\_\_\_\_.

I acknowledge that the emergency department physician or other qualified medical person, after having performed my medical screening exam (MSE), has determined that I do not have an emergency medical condition (EMC). However, further evaluation and treatment is recommended by the above noted physician.

Considering associated risks with automobile travel (e.g. motor vehicle accident in route or a deterioration of current medical condition), I, or as designated by my authorized representative, choose to transfer by:

\_\_\_\_\_ 1. Private Vehicle  
Initial

\_\_\_\_\_ 2. Ambulance (This may not be covered by your insurance plan.)  
Initial

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient/Representative Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date/Time Signed

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time Signed