

1. Medical service:

<input type="checkbox"/>	Stretcher	<input type="checkbox"/>	Stretcher with Wenoll/O2				
<input type="checkbox"/>	Sitting sick	<input type="checkbox"/>	Sitting sick with Wenoll/O2				
<input type="checkbox"/>	Sitting sick with extra seat	<input type="checkbox"/>	Sitting sick with extra seat and Wenoll/O2				
<input type="checkbox"/>	Sitting sick with two extra seats	<input type="checkbox"/>	Sitting sick with two extra seat and Wenoll/O2				
Only for sitting sick if necessary		<input type="checkbox"/>	WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>	WCHC

2. Booking information:

Sick passenger:		<input type="checkbox"/> please book	<input type="checkbox"/> already booked*
Booking number*: _____ <i>Please attach booking confirmation.</i>		Outbound flight: _____ - _____ on _____ DE _____	
Tour operator: _____		Return flight: _____ - _____ on _____ DE _____	
Booking class: <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Business			
Name: _____		Date of birth (DD:MM.YYYY): _____	
Height in cm: _____		Weight in kg: _____	

1. Escort:		<input type="checkbox"/> please book	<input type="checkbox"/> already booked*
Booking number*: _____ <i>Please attach booking confirmation.</i>		Outbound flight: _____ - _____ on _____ DE _____	
Tour operator: _____		Return flight: _____ - _____ on _____ DE _____	
Booking class: <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Business			
Name: _____		Date of birth (DD:MM.YYYY): _____	
Kind of escort: <input type="checkbox"/> Doctor <input type="checkbox"/> Paramedic <input type="checkbox"/> Privat			

2. Escort: <input type="checkbox"/> please book <input type="checkbox"/> already booked*	
Booking number*: _____ <i>Please attach booking confirmation.</i>	Outbound flight: _____ - _____ on _____ DE _____
Tour operator: _____	Return flight: _____ - _____ on _____ DE _____
Booking class: <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Business	
Name: _____	Date of birth (DD:MM.YYYY): _____
Kind of escort: <input type="checkbox"/> Doctor <input type="checkbox"/> Paramedic <input type="checkbox"/> Privat	

3. Payment Information:

Please select bank transfer or credit card for payment.	
Agency number: _____ <i>Only possible if the passenger is also booked via this number.</i>	
Bank transfer Name: _____ IBAN: _____ BIC: _____	Credit card Name: _____ Credit card number: _____ Valid until: _____ / _____ CVC Code: _____
Billing address Street: _____ Number: _____ City: _____ ZIP: _____	
<input type="checkbox"/>	I hereby declare that the costs caused by the application for the medical service may be debited from the agency number, bank account or credit card above.
<input type="checkbox"/>	The Meda form completed by the attending physician is attached. <i>Without the form an application is not possible.</i>

Medical Operations
 Mo.- Fr. 09:00-17:00 • Tel: 069-939 78585 • E-Mail: meda@condor.com