



MEDICAL STANDBY BOOKING/ QUOTATION FORM

EVENT DETAILS:

<u>EVENT DETAILS:</u>	
Event Name:	
Event Date/s:	
Event Location:	
Event Duration (Times):	
Event Info/ Description:	

Contact Person:	
Contact Number:	
Email Address:	
Fax Number:	

REQUIREMENTS:

<u>Medics</u>	<u>Quantity:</u>	<u>Vehicles:</u>	<u>Quantity:</u>
BLS Medic:		Car:	
ILS Medic:		Ambulance:	
ALS Medic:		Quad Bike:	

- Kindly fax completed form to 043 726 1695 or email to info@dynamicems.co.za.
- Kindly confirm with us that we have received the form once you have sent it off.
- Please note that this form is not seen as a confirmation of standby. Please contact our office to confirm the event is booked for the required dates.

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 Tel +27 43 7262225 *Fax +27 43 7261695 *Cell +27 83 635 3678
 Email: dynamicems@mweb.co.za
 Dynamic Emergency Medical Services CC
 CK 2000/030732/23
 Pr. No. 009 003 0016438
 Member: A Trollip



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