Alberta Health Services

Alberta Patient Repatriation Request
(inbound domestically or Internationally)

■ Please Scan and email this form and required information to RAAPID@ahs.ca

Sending Facility Information			
Facility Name			Unit / Ward
Unit Phone Number	Province/State	City	Country

Referring Provider Information
Provider Name *(last, first)*
Specialty / Clinical Service

Patient Information		
Patient Name *(last, first)*	Alberta Healthcare Number	Date of birth *(dd-Mon-yyyy)*

Attach the following documentation to the email		
☐ History	☐ Medication List	☐ Discharge Summary
Note - Please do not send more than the above documentation unless requested. This will assist in expediting the request.		

Care Requirements post-repatriation