

# BOOKING CONFIRMATION



EMS Air Ambulance &  
Medical Repatriation Ltd

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## PATIENT INFORMATION

**CASE NUMBER:** 2024 / 6491

**FIRST NAME OF THE PATIENT:**

Bal

**GENDER:**

Male

**CONTACT PERSON:**

Madison Wagner

**LAST NAME OF THE PATIENT:**

Thakur

**DATE OF BIRTH:**

13/04/1945

**CO-PASSENGER 1:**

## TRANSPORT ROUTE

**TRANSPORT FROM:**

**Facility:**

**Ward / Room:**

**Location:**

Des Moines, United States

**ESTIMATED DATE/TIME  
OF DEPARTURE:**

13-12-2024 / 10

**TRANSPORT TO:**

**Facility:**

**Ward / Room:**

**Location:**

Kathmandu, Nepal

**ESTIMATED DATE/TIME  
OF ARRIVAL:**

null

Estimated date/time of departure are not legally binding, this is just an indication. We are depending on weather and traffic conditions and hope for your understanding in case the timetable is subject to change.

If necessary we advise you to contact our operations team they are available 24/7.

