

# MEDICAL TRANSPORTATION ORDER

<b>FAX TO</b>	Transportation Provider				Transportation Provider #			
	Fax #			<b>Case #</b>		<b>Prime #</b>		
<b>Client Information</b>								
Name: Last				First		Phone		
Pick-Up Address				Apt #	City			
Mode: <i>(Circle One)</i> Taxi WC SC Ambulance Other * SC by Ambulance				Trip Info: <i>(Circle One)</i> 1-Way Round Trip 3-Way				
Destination (Dr/Clinic Name)					Phone			
Destination Address								
2nd Destination					Phone			
Destination Address								
<b>One-Time</b>	Appt Date:		Pick-up Time:      am pm		Appt Time:              am pm		Return Time:              am pm	
	Verified By				\$ Authorized (If Special Transport)			
<b>Ongoing</b>	Begin Date:		End Date:		<i>(Circle Days Needed)</i>			
					Sun Mon Tue Wed Thu Fri Sat			
Verified By		Pick-up Time:      am pm		Appt Time:              am pm		Return Time:              am pm		
Today's Date		Branch #		Wkr/Clk ID		Phone #		
<b>Reason for appointment</b>								
<b>* Special Instructions</b>								
<b>*(Detailed Information Is Required For All Secured Transports)</b> <b>IMPORTANT! Provider: Retain in Documentation File    Branch: Retain in Branch Record</b>								