

# ELDERWOOD TRANSPORTATION ORDER FORM

## NEW CUSTOMER

TO SCHEDULE TRANSPORTATION

FAX COMPLETED FORM TO (716)633-8515

Or

EMAIL TO: [transportation@elderwood.com](mailto:transportation@elderwood.com)

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_ EMAIL: \_\_\_\_\_

Customer: First \_\_\_\_\_ Last \_\_\_\_\_ PH#: \_\_\_\_\_

### PICK-UP INFORMATION

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CLIENT'S DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ TRANSPORT DATE REQUESTED: \_\_\_/\_\_\_/\_\_\_

SPECIAL NEEDS: \_\_\_\_\_ WIDE: YES / NO

### DESTINATION ADDRESS

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

COMPANY/DOCTOR: \_\_\_\_\_ APPT TIME: \_\_\_\_\_: \_\_\_\_\_ AM / PM

### Transportation Booking Parameters

- All rides to be scheduled during office hours of 8:00 AM – 6:00 PM M-F
- Pre-Schedule minimum of 72 hours in advance of requested transport date
- All appointments will be CONFIRMED by Elderwood Transportation dispatch

.....DO NOT WRITE BELOW THIS LINE – FOR TRANSPORTATION USE ONLY .....

APPROVED: YES / NO APPROVED BY: \_\_\_\_\_

PICK UP-TIME: \_\_\_\_\_: \_\_\_\_\_ AM / PM DATE: \_\_\_/\_\_\_/\_\_\_

COST OF TRIP: \$ \_\_\_\_\_ AMOUNT CHARGED TO CREDIT CARD: \$ \_\_\_\_\_

IF DISCHARGING FROM A HOSP. OR FACILITY ACTUAL TIME: \_\_\_\_\_: \_\_\_\_\_ AM / PM

NOTES: \_\_\_\_\_

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