

[Your Agency's Name]

[Your Agency's Address]

Contact: [Your Agency's Contact and Telephone Number]

Client and Medical Transportation Appointment Information

HEALTH RIDES / Chatham Transit Network

Client: _____

DOB: _____

Client's Address: _____

Client's telephone number: _____

Directions to home / point of pick up:

Comments: _____

Special equipment / assistance: _____

Appointment Date: _____ Appointment Time: _____

Appointment location / contact name: _____

Directions to appointment:

I certify that this client is a disabled adult in need of transportation. I agree that my agency will maintain a record of this transportation request.

Signature of MD/Licensed Clinician making request

Date

Please fax to Chatham Transit, attention Tina Pugh, at 919-545-0672 at least 24 hours in advance of appointment.