



Transport Request Form

Please fill out the following form to schedule a ride to your next appointment at Lassen Indian Health Center. If you need to cancel or reschedule your ride, kindly give us 48 hours' notice.

1. Patient Information

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Today's Date
_____		_____	_____
Home Address		City	State Zip
_____	_____	_____	
Home Phone	Cell Phone	Email	

2. LIHC Appointment Information

_____	_____	_____
Date of Appointment	Time of Appointment	Name of Provider You are Seeing

3. Pick-Up & Transportation Service Details

Pick-Up Location

Same as Home Address above

Address

City State Zip

Type of Service(s) Needed

- Wheelchair Accessibility
- Restraint
- Parent/Guardian on Vehicle
- Curbside pick-up
- Other: _____

Transportation Department Use Only

Request: Approved Denied Request Reviewed By: _____ Evaluation Date: _____

Vehicle #: _____ Date Effective: _____ Pick-Up Time: _____ Drop-Off Time: _____

Date Patient Notified: _____ By: _____ Made Contact Left Message
