



OFFICE:

508-415-9298 FAX: 744-704-5908

STRETCHER RESERVATION FORM

DATE _____

CONTACT NAME _____

PHONE# _____

CLIENT NAME _____

PHONE# _____ D.OB. _____

EMAIL _____ DO YOU PREFER EMAIL OR TEXT
CONFIRMATION? _____

CLIENT WEIGHT _____ CAN CLIENT TRANSFER? _____ ANY WEIGHT
BEARRING? _____

ANY MEDICAL DEVICE?
(OXYGEN,ETC) _____

NURSE OR AIDE ESCORTING? _____ EASILY ACCESSIBLE FOR
STRETCHER? _____ STAIR CHAIR NEEDED? _____ # OF
STAIRS _____

To confirm this reservation, we will require a credit card on file which will be charged in full upon completion of this trip. CANCELLATION POLICY: There will be a \$200 cancellation fee if you cancel less than 24hours prior to your transport or if no show on arrival.

DATE OF SERVICE _____ APPOINTMENT TIME _____ ESTIMATED
P/U TIME _____

P/U

ADDRESS _____

D/O
ADDRESS _____

WAIT TIME _____ RETURN
TIME _____

ESCORT NAME _____
RELATIONSHIP _____

CREDIT/DEBIT CARD INFORMATION

NAME ON
CARD _____

CARD # _____
EXP. DATE _____

SECURITY CODE _____ CARD BILLING
ZIP CODE _____

SPECIAL INSTRUCTIONS
