

# Patient Transportation Form

*For use by MD office. FAX this form to 612-775-8755 at least 8 days before date of service.*

From \_\_\_\_\_ Phone \_\_\_\_\_

Today's date \_\_\_\_\_ MD Office FAX \_\_\_\_\_

Doctor \_\_\_\_\_

Patient name \_\_\_\_\_

Reason for visit  Surgery

Date of service \_\_\_\_\_ Patient arrival time \_\_\_\_\_

English speaking  Yes  No

RIDE NEEDED  Roundtrip  To Phillips Eye Institute only  To home only

*PEI Transportation patients can ride in alone, they cannot ride home without a caregiver.*

PICK-UP address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

DROP-OFF address (if different from pick-up address)

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_

Contact person name and phone (if different from patient)

\_\_\_\_\_

Please indicate if patient has special needs:

Ambulatory  Yes  No Bringing a guest  Yes  No

Wheelchair  Owns wheelchair  Motorized \_\_\_\_\_ Number of wheels  Needs wheelchair

*Phillips Eye Institute cannot transport chairs with three wheels or pedestal seats.*

Blind  Uses cane  Service animal

Uses walker  Oxygen  Other special needs

Describe: \_\_\_\_\_

\_\_\_\_\_

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