



HURON VALLEY AMBULANCE

Mobility Transportation (Non-Emergency)

Wheelchair Transportation Request Form

Call Center: (888) 430-7517 Fax: (734) 477-6254



P/U Location Name _____

Room# _____ Bed# _____ Apt.# _____ Suite# _____

P/U Location Phone# _____

Additional Passengers: Staff _____ Family _____

Patient Name _____ D.O.B. _____

One Way Round Trip

Return Time _____ Will Call Approximate Time _____

P/U Date _____ Appointment Time _____

Return Fax # for Confirmation _____

Drop Off Location:

Building Name _____

Address _____ Apt.# _____ Suite# _____

Facility Phone# _____

Payment Information: Private Contract

Patient Has Own Wheel Chair: Yes No

Type: Standard Reclining Bariatric Electric

Person Requesting Transport _____

Phone# _____

To be filled out by HVA staff

Person Scheduling Appointment _____

Date/Time Scheduled For _____

Trip Cost _____ Notes _____