

**RI Operations** P.O. Box 20277 Cranston, RI 02920

## TRANSPORTATION REQUEST FORM

(For one time trip) Must Be Submitted 48 hours Prior to the Appointment Day

Please Complete All Fields of Form or Trip Will Not Be Scheduled FAX # 877-601-9858

## PHONE # 855-330-9133

Facility:	Trip Requestor:	Professional Title:
Requestor Phone #	Requestor Fax #	Trip Date:
Member Name (Last, First, MI)		Special Needs:
DOB:/ Esc	ort:	
Insurance:		☐ Escort ☐ Car Seat
LEVEL OF SERVICE:		
□ Ambulatory □ Mass Transit		
□ ALS □ BLS □ Stretcher: Weight: Stairs(#): Ramp: □ Yes □ No		
□ Wheelchair: Weight: Height: Stairs(#): Ramp: □ Yes □ No		
Is the member able to transfer to a sedan vehicle: $lacksquare$ Yes $lacksquare$ No		
PICK-UP INFORMATION		
P/U Facility Name/Residence:		Phone #
Address: City, State		e ZIP
DROP-OFF INFORMATION		
D/O Facility/Complex Name:		Phone #
Address/Suite: City, State Zip:		e Zip:
Appointment Time:	□ PM Will Call	Yes No
☐ One Way or ☐ Round Trip Return Time: ☐		ime:
To be processed ALL fields MUST be completed and legible. Failure do so could result in trip not being		

(Must be submitted 48 business hours prior to the appointment day)

NAME: **SIGNATURE:** DATE:

"Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose."