

List of Medical Providers and Special Needs

*****YOU MUST COMPLETE THIS FORM*****

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip Code: _____
Phone Number: _____ Cell Phone Number: _____
Case Number: _____ SSN: _____

Important information regarding the use of Wheelchairs

Our Cab Transportation Services Can Only Accommodate Collapsible Wheelchairs.

If you must use a motorized wheelchair to attend your medical appointments, you must contact THE TRANSPORTATION DEPARTMENT. Ambulette approval requires additional information.

Please list all NEW doctors, dentists, and any other medical providers.

Name of Doctor, Dentist, Specialist	Street Address	City	Zip	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Signature: _____

Date Signed: _____

New _____ Redet _____