



LA Operations
 12234 N Interstate 35 Ste. 175
 Austin, TX - 78753

STANDING ORDER FORM

FAX # 877-457-3349
 PHONE # 866-886-4081

Member's Name:	Insurance Type:	
Member's Insurance ID#	Gender: Female / Male	DOB: ___/___/___

APPOINTMENT INFORMATION

Appointment Days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Appt. Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Level of Service: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> ALS <input type="checkbox"/> BLS		
	Return Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Start Date: ___/___/___	Height: _____	Weight: _____
	End date: ___/___/___	Ongoing <input type="checkbox"/>		
	Special Needs:	Can the Member sign the driver's log? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Will signature status be permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician's Signature _____				

PICK-UP INFORMATION

Facility/Complex Name:	Phone #
Address:	City, State Zip

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #
Address:	City, State Zip

Treatment Type: <input type="checkbox"/> Dialysis <input type="checkbox"/> Mental Health <input type="checkbox"/> Wound Care <input type="checkbox"/> Physical Therapy	Ordering Party: Name: _____ Title: _____ Phone#: () _____ Fax#: () _____
---	---

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.”