



MI Operations
 26877 Northwestern Hwy Ste 211
 Southfield, MI 48033

STANDING ORDER FORM

FAX # 1-866-569-1910
 PHONE # 1-866-569-1908

Member's Name:	Insurance Type:	<input type="checkbox"/> New <input type="checkbox"/> Update Existing
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"/> Medivan <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher
	Return Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Start Date: ___/___/___	Weight: ___ Height: ___ Stairs(#): ___ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No
	End date: ___/___/___	One way <input type="checkbox"/> Round Trip <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 <input type="checkbox"/> Escort <input type="checkbox"/> Oxygen

PICK-UP INFORMATION

Facility/Residence:	Phone #:
Address:	City, State Zip:

DROP-OFF INFORMATION

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

Treatment Type: <input type="checkbox"/> Dialysis	Ordering Party: Name: _____ Title: _____ Phone# () _____ Fax# () _____
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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.”