



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: ____/____/____		Escort: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance:		<input type="checkbox"/> Escort <input type="checkbox"/> Car Seat			

LEVEL OF SERVICE:

<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Mass Transit
<input type="checkbox"/> ALS	<input type="checkbox"/> BLS
<input type="checkbox"/> Stretcher: Weight:_____ Stairs(#):_____ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Wheelchair: Weight:_____ Height:_____ Stairs(#):_____ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the member able to transfer to a sedan vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PICK-UP INFORMATION

P/U Facility Name/Residence:		Phone #
Address:	City, State ZIP	

DROP-OFF INFORMATION

D/O Facility/Complex Name:		Phone #
Address/Suite:		City, State Zip:
Appointment Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Will Call <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> One Way or <input type="checkbox"/> Round Trip		Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

**To be processed ALL fields MUST be completed and legible. Failure do so could result in trip not being processed.
(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.”