



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

STANDING ORDER FORM

FAX # 877-601-9858
PHONE # 855-330-9133

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"/> Mass Transit <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair* <input type="checkbox"/> Stretcher <input type="checkbox"/> BLS <input type="checkbox"/> ALS * <input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual or <input type="checkbox"/> Electric	
	Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Height: _____ Weight: _____	
	Start Date: ___/___/___	<input type="checkbox"/> Ongoing <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip	
	End date: ___/___/___	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	
	Special Needs: <input type="checkbox"/> Escort <input type="checkbox"/> Car Seat	Physician's Signature _____	

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

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

Treatment Type: <input type="checkbox"/> Dialysis <input type="checkbox"/> Chemo/Radiation <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other _____	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.”