



Agape-Transportation authorization form:

**Office: (520) 456.5140
Fax: (928) 441.3610**

** If dialysis patient, select check box to left to indicate dates of transports**

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Responsible Party

Respite Return Date:

Time:

Complete all Necessary fields	Pick up Location	Drop off destination
Location Name & Room Number		
Address		
City,State		
Phone Number:		

Transport Date: <input style="width: 100px;" type="text"/>	Patient name: <input style="width: 90%; height: 20px;" type="text"/>
Additional Notes:	Weight: <input style="width: 50px;" type="text"/> DOB: <input style="width: 50px;" type="text"/>

P/U Time: <input style="width: 80px;" type="text"/>
Appt Time: <input style="width: 80px;" type="text"/>
Return Time: <input style="width: 80px;" type="text"/>

Additional Information	YES	NO	Additional Information	YES	NO
DNR			Oxygen Needed		
Dementia/Alz			Caregiver Needed		
Stairs/ Steps			Stretcher access to bed		
Infectious Disease			2nd Passenger		

Transport Route
Transport Type

Facility Name: _____ Contact Phone: _____

Authorization Signature: _____ (Contact Nurse:) _____

Authorization has been given to Agape Transport for the transportation of this patient. The risks & benefits of transportation have been explained to the patient by the facility, as well as the risks & benefits for forgoing transport. The above information is deemed true & accurate and I verify that the patient is ready for transportation. The receiving facility has been contacted, has the available space & is qualified for the treatment of the patient; they have also agreed to accept the patient in transport. Agape- Transportation LLC will not be expected to perform any medical procedures during transport. Cancellation of transport must be done by either phone or fax, thirty(30) minutes prior to assigned pick-up time in order to receive credit. Failure to confirm cancellation will result in an "unloaded" charge, equal to a one way fee. If transport agency is to wait for more than one(1) hour for patient, facility will incur a wait time fee per thirty(30) minutes.