



# COMFORT TRAVEL

A.D.A. Mobile Services

## APPOINTMENT FAX SHEET

FAX (920) 662 -2709

OFFICE (920) 434 – 9457

DATE \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

METHOD OF PAYMENT: PRIVATE PAY \_\_\_\_\_ MEDICAL ASSISTANCE \_\_\_\_\_

(If medical assistance please fill out the questionnaire at bottom)

NAME AND ADDRESS OF PICK-UP \_\_\_\_\_

DATE OF APPOINTMENT \_\_\_\_\_

TIME OF APPOINTMENT \_\_\_\_\_ APPROXIMATE LENGTH OF APPOINTMENT \_\_\_\_\_

NAME AND ADDRESS OF DROP OFF \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_

CONTACT PERSON & NUMBER \_\_\_\_\_

APPOINTMENTS BY FAX CAN BE SCHEDULED ANYWHERE FROM 2 TO 24 HOURS IN ADVANCE. FOR ANY OTHER SCHEDULING QUESTIONS, PLEASE CALL THE OFFICE.

WE WILL FAX THIS COPY BACK TO YOU WITH CONFIRMATION INFORMATION AND TIME OF PICKUP; WE MAY ALSO CALL.

CONFIRMATION PERSON AND NUMBER \_\_\_\_\_

PLEASE REMEMBER THAT IF AN APPOINTMENT NEEDS TO BE CANCELLED, WE SHOULD BE NOTIFIED IMMEDIATELY.

### M/A INFORMATION

M/A NO. \_\_\_\_\_

GENDER: M F D.O.B \_\_\_\_\_

PRIMARY DOCTOR \_\_\_\_\_

UPIN NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

### FOR OFFICE USE ONLY

CONFIRMATION DATE \_\_\_\_\_

CONFIRMATION TIME \_\_\_\_\_

CONFIRMATION NAME \_\_\_\_\_

OFFICE INITIALS \_\_\_\_\_

BOOK YES \_\_\_\_\_ NO \_\_\_\_\_