



AVAILABLE CARE, INC.
 Ambulance & Medical Transportation
 Stretcher, Wheelchair & Mobility Assistance Service

PO Box 9649, Elizabeth, NJ 07202-0649
 Phone 732-613-1616 ? Fax 732-613-2626
 Email: info@availablecare.com

Please fill-up this form and return it back to us as soon as possible

PATIENT'S INFORMATION AND TRANSPORTATION REQUEST

Patient's Last Name: _____ Firsrt Name _____

Medicaid No. _____ - _____ Date of Birth: ____ / ____ / _____

Patient's Phone: (_____) _____ - _____ Sex: []M []F

Patient's Address:

_____ No Street _____ City _____ State _____ ZIP _____

Prescribing Physician: _____ Phone No (_____) _____ - _____

DIAGNOSIS (ICD-9): _____ . _____ ; _____ . _____ ; _____ . _____ ; _____ . _____ ; _____

PATIENT'S CONDITION:

Requested DATE & TIME: ____/____/____ ____ AM PM Requested Mode: []W/Ch Van []Stretcher

Facility or Requester's Name, Address & Phone No - If Medical Facility, please affirm your stamp here

Signature: _____ Printed Name & Title: _____

Today's Date: _____