

# Lifestar Transport Request Form

Fax 262.335.9720 / Ambulance Line 262.335.2911 / Van Office 262.338.9798

Requesting Facility: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Special Pick-Up Instructions: \_\_\_\_\_

(Entrance to use, household name, wing, etc.)

Van Transport       Ambulance Transport (we may call to request additional information)

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested Return Time: \_\_\_\_\_  
(24 hour notice required, please call for transports with less than 24 hour notice)

Appointment Facility Name: \_\_\_\_\_

Appointment Facility Address: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Department and/or Suite #: \_\_\_\_\_

Resident's Approximate Weight: \_\_\_\_\_ lbs.       Escort       Family to meet at appointment

## Lifestar Response

Appointment Accepted: Pick-up Time: \_\_\_\_\_  Please fax face sheet with insurance information  
**Call Van Office at 262.338.9798 for cancelations at least 4 hours before pick up time to avoid cancelation fee**

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