STC TRANSPORTATION

NON-EMERGENCY MEDICAL TRANSPORTATION REQUEST FORM

Dispatch: (210) 897-5192 Fax: (210) 903-8202

dispatch@stcems.com | www.stcems.com

FACILITY INFORMATION Facility: _____ Requested By: _____ Phone: _____ Today's Date: _____	**PATIENT INFORMATION** Patient: _____ DOB: _____
PICKUP Facility/Address: _____ Room #: _____	**DESTINATION** Provider/Facility: _____ Address: _____
APPOINTMENT Date: _____ Time: _____ Must Arrive By: _____	**TRANSPORT TYPE** ☐ One Way ☐ Round Trip ☐ Will Call Return
SPECIAL INSTRUCTIONS ☐ Fall Risk ☐ Isolation ☐ Oxygen ☐ Bariatric ☐ Dementia ☐ Walker ☐ Escort Needed ☐ Cane Other: _____	**AUTHORIZED BY** Name: _____ Title: _____ Signature: _____ Date: _____

Reminders

Submit requests at least 48 hours in advance.

SUBMIT COMPLETED REQUESTS

Please fax or email this completed Transportation Request Form to:

Fax: (210) 903-8202

Email: dispatch@stcems.com

For scheduling assistance or questions, please contact our Dispatch Department at (210) 897-5192.

Office Hours: Monday–Friday | 8:00 AM – 5:00 PM