



121 Bernice Avenue
Stockton, CA 95210
209.475.0708
209.475.0709 fax

ENROLLMENT SHEET

NAME OF PATIENT: _____

ADDRESS: _____

TELEPHONE NUMBER(S) _____

DATE OF BIRTH _____ () MALE () FEMALE

SOCIAL SECURITY NO _____

MEDICAL ID NUMBER _____

DATE OF ISSUE _____

PRIVATE PAY BILLING INFO: Responsible Party _____

ADDRESS _____

TEL. NO(S) _____

DAYS OF SERVICE (M) (T) (W) (TH) (F) (S)

CHAIR TIME/DURATION _____

PICK UP TIME _____ RETURN _____

CLINIC/FACILITY _____

ADDRESS _____

NAME OF DOCTOR _____

ASSISTIVE DEVICE WHEELCHAIR: () YES () NO; OTHERS _____

If wheelchair, can transfer: () YES () NO

PLEASE ANSWER:

1. What limiting condition prevents you from taking private or public transportation?

I have stopped riding with _____ since _____
and have since been riding with Vantage Transports.

I voluntarily enroll myself to be transported by Vantage Transports and do this freely without any pressure from the Clinic or Vantage Transports. I also understand that I may stop riding with Vantage Transports at anytime I choose to do so.

I authorize release of medical information to Vantage Transports so they may have the necessary information to get transportation approved by Medi-Cal.