



121 Bernice Avenue  
Stockton, CA 95210  
209.475.0708  
209.475.0709 fax

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**FAX ORDER:**

Date: \_\_\_\_\_

To: **VANTAGE TRANSPORTS**  
Fax #: **(209) 475-0709**

From: \_\_\_\_\_

Tel / Fax #: \_\_\_\_\_

Subject: **Transportation Request**

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**PLEASE RESERVE AND CONFIRM TRANSPORTATION FOR:**

Name of Patient: \_\_\_\_\_  
Wheelchair: ( ) YES ( ) NO

Date of Appointment: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Pick up from: \_\_\_\_\_

Take to: \_\_\_\_\_

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

Billing Information:  
Private Pay: \_\_\_\_\_  
Responsible Party: \_\_\_\_\_  
Address \_\_\_\_\_  
Contact No. \_\_\_\_\_

SSN / MediCal: ID # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Issue \_\_\_\_\_

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**CONFIRMING FAX:**

To: \_\_\_\_\_  
Fax # \_\_\_\_\_

From: **VANTAGE TRANSPORTS**

We \_\_\_\_\_ (WILL) / \_\_\_\_\_ (WILL NOT) be able to transport this patient.

Thank you for your order.