



## Transport Cancellation/Reschedule Form

Please fill out the following form to cancel or reschedule your ride to LIHC. If you need to cancel or reschedule your ride, kindly give us 48 hours' notice.

### 1. Patient Information

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Today's Date
_____		_____	_____
Home Address		City	State      Zip
_____	_____	_____	
Home Phone	Cell Phone	Email	

### 2. Cancel Ride for:

_____	_____	_____
Date of Appointment	Time of Appointment	Name of Provider You are Seeing

### 3. Reschedule Ride for:

_____	_____	_____
Date of Appointment	Time of Appointment	Name of Provider You are Seeing

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### *Transportation Department Use Only*

Request:  Approved  Denied      Request Reviewed By: \_\_\_\_\_      Evaluation Date: \_\_\_\_\_

Vehicle #: \_\_\_\_\_      Date Effective: \_\_\_\_\_      Pick-Up Time: \_\_\_\_\_      Drop-Off Time: \_\_\_\_\_

Date Patient Notified: \_\_\_\_\_      By: \_\_\_\_\_       Made Contact       Left Message

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