

Dispatcher Ride Booking Form

Passenger name _____

Medical Provider _____

Medical Provider Address/Phone _____ (Needed only if no favorite exists)

Appointment Date _____ Appointment Time _____

Requested Pick up Time _____ Appointment Duration _____

Ask if ride includes: **sedation/anesthesia**, passenger needing assistance, or passenger under 18. **Y N** (If yes, STARS will only provide a ride if Passenger is accompanied by a companion rider; if they are not there, the ride will be canceled.)

Dispatchers add this info to comments box in ride. Companion will also need to sign a Waiver.

Companion's Name _____ Relationship _____ Phone _____

Passenger name _____

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RIDE BOOKING

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Please tell each passenger: "Please understand rides are based on volunteer driver availability. If you have not received a call from a driver 24 hours before your appointment, please make alternate arrangements or reschedule your appointment and ride. We always do our best to make sure you get to your appointment."

You may also ask if they need to be notified sooner and put that in the ride notes.