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 _____

Medical Provider_____

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

Appointment Date _____ Appointment Time _____

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RIDE BOOKING

Passenger name _____

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Companion's Name _____ Relationship _____ Phone _____

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.