# Standing Order Request Form

<table>
<tr><td rowspan="2">**Info**</td><td>First Name:</td><td colspan="2">Last Name: Date of Birth</td><td>Medicaid #</td></tr>
<tr><td>Email</td><td colspan="3">Phone #</td></tr>
<tr><td>**Order Purpose**</td><td>Reason for standing order<br>Dialysis ☐ Chemo ☐</td><td colspan="3">Methadone ☐ Physical Therapy ☐ Radiation ☐<br>* required unless Dialysis<br>Other ____________ End Date* _________ Max periond 1 year</td></tr>
<tr><td rowspan="3">**Pickup Info**</td><td colspan="4">Street Address</td></tr>
<tr><td colspan="4">City, State, Zip Code</td></tr>
<tr><td colspan="4">Pickup Notes (i.e. gate code, go to side, etc)</td></tr>
<tr><td rowspan="3">**Dropoff Info**</td><td colspan="4">Facility Name Facility Phone Number</td></tr>
<tr><td colspan="4">Facility Address (Street, City, State, Zipe Code) RTD ☐<br>Mileage Reimbursement ☐</td></tr>
<tr><td colspan="4">Medical Providers Name Preferred Provider</td></tr>
<tr><td rowspan="2">**Schedule Info**</td><td colspan="4">Appt Start Time Appt End Time Start Date End Date (if Any)<br>None ☐</td></tr>
<tr><td colspan="4">Appt Days<br>☐ Sun ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri ☐ Sat</td></tr>
<tr><td rowspan="3">**Medical Provider Statement**</td><td colspan="4">I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify under penalty of perjury, that I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my . knowledge</td></tr>
<tr><td colspan="3">Medical Provider Printed Name</td><td>Title or NPI#</td></tr>
<tr><td colspan="3">Signature</td><td>Date</td></tr>
<tr><td>**For Transdev Use only**</td><td colspan="2">Reservation Status<br>☐ Approved ☐ Denied</td><td>Staff Initials</td><td>Received</td></tr>
</table>

*If yes, you may qualify for mileage reimbursement

** Assignment of trips to a preferred transportation provider is not guaranteed

Send completed form to Fax (720) 302.0106 | Email: us.coclinicalcoordinator@transdev.com

Updated Jan 2023