transdev
the mobility company

Facility Dept. Phone Number: (808) 237-2952

For Ohana Health Plan Members. FAX to (808) 441-5987
For AlohaCare Members. FAX to (808) 237-2957

STANDING ORDER FORM

Agent Name: **Date:**

MEMBER INFORMATION	
Member's Name:	**Member ID#:**
D.O.B: mm/dd/yy	**Member's Phone Number:**

STANDING ORDER INFORMATION							
Days	Monday ☐	Tuesday ☐	Wednesday ☐	Thursday ☐	Friday ☐	Saturday ☐	Sunday ☐
Appt. Time **Please write exact time.*		A.M. ☐	P.M. ☐	**Can the member sign the driver's log?** Yes ☐ No ☐			
Return Time		A.M. ☐	P.M. ☐	**Treatment Type:** ☐ Dialysis ☐ Chemotherapy ☐ Radiation ☐ Adult Day Care ☐ Mental Health ☐ Other:			
Start Date	____/____/____						
End Date	____/____/____						

LEVEL OF SERVICE						
Ambulatory ☐	Wheelchair ☐	Mass Transit ☐ (TheBus, etc.)	Paratransit ☐ (TheHandi-Van, etc.)	Stretcher ☐	**Height:**	**Weight:**
Special Needs/ Devices:						

MEMBER PICK UP INFORMATION	
Residence/ Facility Address:	**Member's Phone Number:**
City, State and Zip Code:	**Instructions for the Driver:**

FACILITY DROP OFF INFORMATION	
Facility Name/ Doctor:	**Facility Phone Number:**
Address:	**City, State and Zip Code:**

FACILITY/ PHYSICIAN INFORMATION	
Physician/ Case Manager requesting Standing Order:	**Title:**
Phone Number:	**Fax Number:**
Physician Signature:	**Date:**

FOR INTERNAL USE: ☐[ ] Inserted by - Initials: _____ Date: _____