HANDICAP TAXI

Unterdorfstrasse 5, 6247 Schötz, Schweiz 079 555 55 56 info@handicap-taxi.com www.handicap-taxi.com

Mobility assistance for people with disabilities

ORDER FORM

PICK UP ADDRES | **BILLING ADDRESS**

Name / Institution _____ First name / Name _____

Street _____ Street _____

ZIP / City _____ ZIP / City _____

Contact person / Tel _____ Contact person / Tel _____

PATIENT INFORMATION | Pat. / Case number

First name / Name _____ Date of birth _____

Department / room _____ Cost centre _____

Pay special attention _____

Patient over 90 kg ☐ Yes ____ kg ☐ No Isolation ☐ Yes _____ No ☐

TRANSPORT METHOD

☐ Lying ☐ In your own Wheelchair ☐ With a wheelchair (Handicap TAXI)

☐ Carrying chair ☐ At destination: Staircase without elevator (carrying chair) ☐ Second transport assistant

MUST BE TAKEN ON THE TRANSPORT

☐ Rollator ☐ Walking sticks ☐ Oxygen ____ l/min. ☐ Companion (Relatives etc.)

☐ Infusion ☐ Infusomat ☐ A lot of luggage

TRANSPORT DATE ☐ MO ☐ TU ☐ WE ☐ TH ☐ FR ☐ SA ☐ SU

Departure date _____ Pick up time _____ Appointment time _____

Destinat. _____ Department _____

Street _____ Tel. _____

ZIP / City _____ Return date _____