REGISTERED CLIENT SCHEDULE FORM

HOUR TRANSPORTATION MANAGEMENT, INC.
17368 W. Twelve Mile #100
Southfield, MI 48076
info@hourtransportation.com
TEL: 248-569-7500
TOLL FREE: 888-290-4270
FAX: 248-569-4445

REQUESTER'S NAME: PHONE#: ( )

CLIENT

CLIENT NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( )

CHECK HERE IF PICKUP IS FROM CLIENT'S HOME ADDRESS: ☐ COMPLETE THE FOLLOWING IF PICKUP IS FROM ANOTHER ADDRESS:

PICKUP

FACILITY NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) SPECIAL INSTRUCTIONS:

DESTINATION

FACILITY NAME: _____

DOCTOR/CONTACT NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) SPECIAL INSTRUCTIONS:

SCHEDULE

DAY OF WEEK: _____ DATE: _____

PICKUP TIME: _____ AM / PM

APPOINTMENT TIME: _____ AM / PM

RETURN TIME (IF KNOWN) _____ AM / PM

RETURN TIME IS: DEFINITE APPROXIMATE

WOULD YOU LIKE THE DRIVER TO WAIT? YES NO ***(WAIT FEES WILL APPLY IF INSTRUCTED TO WAIT)***

NOTES / SPECIAL INSTRUCTIONS:

CHECK HERE IF THIS WILL BE A RECURRING REGULAR SCHEDULE: ☐ COMPLETE THE FOLLOWING INFORMATION FOR RECURRING SCHEDULES:

RECURRING

DAY:	SUN	MON	TUE	WED	THU	FRI	SAT
PICKUP TIME:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
APP'T TIME:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
RETURN TIME	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

NOTES