

Health Benefits Medical Transportation Request Form:

Please **FILL** out form completely as I need this to send in for reimbursement.

Surname: First and Middle Name:

Address: Telephone:

Escort Information: needs a valid driver's licence, unless traveling by bus and needs assistance

Health Practitioner/Health Facility Information: Dr.s Name/ Dentist Name / Clinic / Department

Travel Information:

Appointment: Time and Date

Appointment: From Where TO Where

Sign and Date: **This needs to be signed and Dated**

There are a lot of incomplete forms that I would like completed, if anyone has any confirmation forms to be turned in.

Thank you very much

PT/CHR

Grace Marshall 250 745-3331