

SOUTH LAKE TAHOE CANCER LEAGUE

P.O. Box 17962
South Lake Tahoe, CA 96151
530.573.1703

Transportation Coordinator: Gary Burns - Cell: 530-318-1819

PATIENT TRANSPORTATION SERVICE:

Request and Guidelines

Anyone who lives in the South Lake Tahoe area, from Glenbrook, Nevada to the El Dorado/ Placer County Line in California, seeking transportation for cancer treatment or to a doctor's appointment connected with a cancer condition, is eligible under the following conditions.

- 1) We ask for 5 -7 days notice to the transportation coordinator to give sufficient time to arrange for the requested transportation. In case of a shorter time of notification, be advised that we will make an effort to fill the request but all our drivers are volunteers with other commitments and we may not be able to find a driver without sufficient time in which to do so.
- 2) If there is any change or cancellation in your scheduled appointment, please notify the transportation coordinator AND your scheduled driver ASAP. Failure to do so on three (3) occasions will result in being automatically dropped from the transportation service.
- 3) All patients must be able to enter and leave the car without any driver's assistance. A wheelchair is permitted if the driver has advance notice and is able to carry the wheelchair in their car. Oxygen is permitted as needed also. Extremely ill patients should arrange for a family member or friend to accompany the patient or arrange for some other transportation. These conditions are required to avoid any legal liability to the driver or the Cancer League.

To enroll in this free service, please contact the Transportation Coordinator at the phone number listed below, then fill out, sign and mail this request and guidelines form to the SLT Cancer League Post Office address. You will receive a copy of this agreement.

I have read this document and agree to the terms and conditions. THE PATIENT HEREBY AUTHORIZES ANY MEDICAL INFORMATION PERTAINING TO THEIR CURRENT CANCER TREATMENTS AND CONDITION BE RELEASED TO THE **SOUTH LAKE TAHOE CANCER LEAGUE.**

SIGNED _____ DATE _____

Home Address _____ Phone # _____

Mailing Address _____

Treating Physician _____ Phone # _____

Physician's Address _____