

PRC REQUEST

- **Today's Date**
- **Person Making Request**
- **Name of Patient**
- **Clinic / Hospital / Doctors Office/ Facility**
- **Address Location**
- **Phone Number**
- **Name of Doctor / Dentist / Provider**
- **Appointment Date**
- **Appointment Time**
- **Type of Appointment:**
Medical, Dental, Vision, Hospital, ER, Mental Health, Physical Therapy, Laboratory, Radiology - MRI, CT, XRAY, Mammogram, Ultrasound, Other
- **Are You Requesting Transport?**
- **Are you Requesting Mileage?**
Transport and Mileage are a request and NOT a guarantee.
***See SFHC Transportation and Mileage Policies and Procedures**
Individuals requesting transport cannot dictate their transporter or vehicle.

Medi-Cal / Partnership patients must see a Medi-Cal provider.

Medicare patients need to check with their providers to make sure they accept Medicare

Private Insurance patients need to see providers that are in their network.

If you are in need of medical attention outside of SFHC business hours call 911 or go to the closest medical facility or hospital