



**REGISTERD CLIENT SCHEDULE FORM**

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<b>C L I E N T</b>	REQUESTER'S NAME: _____ PHONE: (    ) _____
	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: \_\_\_\_\_

<b>P I C K U P</b>	FACILITY NAME: _____
	ADDRESS LINE 1: _____
	ADDRESS LINE 2: _____
	CITY: _____
	PHONE: (    ) _____ SPECIAL INSTRUCTIONS: _____

<b>D E S T I N A T I</b>	FACILITY NAME: _____
	DOCTOR/CONTACT NAME: _____
	ADDRESS LINE 1: _____
	ADDRESS LINE 2: _____
	CITY: _____ STATE: _____ ZIP: _____ PHONE: (    ) _____ SPECIAL INSTRUCTIONS: _____

<b>S C H E D U L E</b>	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: \_\_\_\_\_

<b>R E C U R R I N G</b>	DAY:	SUN	MON	TUE	WED	THU	FRI	SAT	
	PICKUP TIME:	AM	AM	AM	AM	AM	AM	AM	
		PM	PM	PM	PM	PM	PM	PM	
	APPOINTMENT TIME:	AM	AM	AM	AM	AM	AM	AM	
		PM	PM	PM	PM	PM	PM	PM	
	RETURN TIME:	AM	AM	AM	AM	AM	AM	AM	
		PM	PM	PM	PM	PM	PM	PM	
	NOTES: _____								
	_____								
	_____								
_____									
_____									