



**WEST DEERFIELD TOWNSHIP
TRANSPORTATION SERVICE
601 Deerfield Road
Deerfield, IL 60015
(Phone) 847-945-0614
(Fax) 847-945-3051**

PHYSICIAN'S REFERRAL

My patient _____ is mobility challenged and should be eligible for the West Deerfield Township Transportation Service. He/she is stable and able to ride in a sitting position.

Physician's signature

Date

Physician's name

Address

Phone