CITY OF TEMPLE CITY
DIAL-A-RIDE TRANSPORTATION SERVICE

PHYSICIAN'S VERIFICATION FORM

This form is to be used by all applicants for the Temple City Dial-A-Ride program who are under sixty years of age and are physically, psychologically, or developmentally disabled.

This form must be completed by an authorized California physician.

_____ _____
Patient Name Patient Telephone

_____ _____
Physician Name State License Number

_____
Business Address

_____
City State Zip

_____
Telephone Number

I hereby certify that I am a licensed physician of the State of California, have knowledge of this applicant, and recommend that the applicant be certified to use the Temple City Dial-A-Ride because of the following disability:

_____

_____

Note: If temporarily disabled, give expected date of recovery: _____

_____ _____
Physician's Signature Date