



## CIST BOOKING FORM

Client:	
Business Name:	
Address:	
Cell phone:	Email:
Vehicle requested: Sedan or SUV	

Date(s):	Driver arrival time:
Driver start location:	
Destination #1	
Destination #2	
Destination #3	
Final destination:	
Disposable head rest requested? Yes or No	Should driver wear surgical mask? Yes or No
Do you have a preferred disinfectant?	
HDX Antibacterial Disinfecting wipes, (bleach free) Clorox Hospital Grade Disinfecting spray Clorox disinfecting wipes (bleach free) Lysol disinfecting wipes, lemon & lime blossom Lysol disinfectant spray, crystal waters or Crisp Linen Doesn't matter	
Please provide additional information which the driver should be aware of, including medical if you would like to share, or provide us with a unique or special request. Please note, all of our drivers have signed non-disclosure agreements, to protect our clients privacy.	

Please complete this document and email or fax this document to us  
Medical Procedure Escorts  
225-10 112th Road, Queens Village NY 11429  
www.medicalprocedureescorts.com - T. 347.944.7171 - 1.718.776.8069  
Medical Procedure Escorts is a service provided by Finest Executive Protection LLC