LIONHEART MEDICAL EXPRESS

EXPLORE SCHEDULED ROUTES

Reliable Routes. Consistent Service. Predictable Delivery.

Looking for a dependable courier partner for your recurring healthcare transportation needs? LionHeart Medical Express provides customized scheduled routes throughout Georgia, designed around your facility's pickup times, delivery windows, locations, and service requirements.

FACILITY INFORMATION

Facility / Company Name:_____

Primary Contact:_____

Title /
Department:_____

Phone:_____

Email:_____

ROUTE INFORMATION

Pickup
Location:_____

_____

Delivery
Location:_____

_____

Additional Pickup / Delivery
Locations:_____

_____

Number of Stops:_____

Estimated One-Way Mileage:_____

Estimated Round-Trip Mileage:_____

SCHEDULE REQUIREMENTS

How often is service needed?

☐ Once Daily ☐ Twice Daily ☐ Multiple Times Daily ☐ Several Times Per Week ☐ Weekly ☐ Other: _____

Days of Service:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred Pickup Time:

Required Delivery Time:

Estimated Route Duration:

CARGO INFORMATION

What will typically be transported?

☐ Medical Specimens ☐ Pharmaceuticals ☐ Medical Supplies ☐ Medical Records ☐ Medical Equipment ☐ Laboratory Materials ☐ Other: _____

Estimated Packages / Containers Per Route:

Estimated Volume:

Special Handling Requirements:

SERVICE REQUIREMENTS

Please select any additional services you may require:

☐ Dedicated Driver ☐ Dedicated Vehicle ☐ Direct / No Additional Stops ☐ Temperature-Controlled Transportation ☐ Chain-of-Custody Documentation ☐ Delivery Confirmation ☐ After-Hours Coverage ☐ Weekend Coverage ☐ Holiday Coverage ☐ Backup Coverage

ROUTE FLEXIBILITY

Can pickup times be adjusted if needed?

☐ Yes ☐ No ☐ Limited Flexibility

Can delivery times be adjusted if needed?

☐ Yes ☐ No ☐ Limited Flexibility

Expected Wait Time at Pickup/Delivery:

BILLING & CONTRACT INFORMATION

Current Courier Service:

Looking for:

☐ One-Time Route ☐ Short-Term Coverage ☐ Recurring Route ☐ Long-Term Contract ☐ Primary Courier ☐ Backup Courier

Preferred Billing Method:

Purchase Order / Account Number:

TELL US ABOUT YOUR ROUTE

Please provide any additional information that will help us understand your transportation needs.

REQUEST A ROUTE ASSESSMENT

Once submitted, our team can review your requirements and develop a customized route and pricing proposal based on mileage, frequency, number of stops, delivery windows, service level, and transportation requirements.

Phone: _____

Email: _____

Website: _____

LIONHEART MEDICAL EXPRESS

RELIABLE ROUTES. CONSISTENT SERVICE. PREDICTABLE DELIVERY.

Beyond the Ordinary. Driven by Compassion. Dedicated to Care.

Statewide Georgia Medical Courier & Transportation Services