LIONHEART MEDICAL EXPRESS

SCHEDULE MEDICAL DELIVERY

Professional Medical Courier Services Throughout Georgia

Please complete the form below to schedule your medical delivery. Our team will review your request and confirm availability, timing, and applicable pricing.

CLIENT INFORMATION

Facility / Company Name:_____

Requestor Name:_____

Department:_____

Phone:_____

Email:_____

DELIVERY TYPE

☐ Routine Delivery ☐ Scheduled Route ☐ Same-Day Delivery ☐ STAT / Urgent Delivery ☐ After-Hours Delivery ☐ Weekend / Holiday Delivery ☐ Dedicated Driver & Vehicle ☐ Recurring Delivery

PICKUP INFORMATION

Pickup Facility:_____

Pickup
Address:_____

_____

Pickup Contact:_____

Pickup Phone:_____

Pickup Date:_____

Requested Pickup Time:_____

DELIVERY INFORMATION

Delivery Facility:_____

Delivery
Address:_____
_____

Receiving Contact:_____

Receiving Phone:_____

Required Delivery Date:_____

Required Delivery Time:_____

CARGO INFORMATION

Type of Medical Cargo:

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

Number of Packages / Containers:

Approximate Weight:

Special Handling Requirements:

TRANSPORTATION REQUIREMENTS

☐ Dedicated Driver ☐ Dedicated Vehicle ☐ Direct / No Additional Stops ☐ Temperature-Controlled Transportation ☐ Chain-of-Custody Documentation ☐ Delivery Confirmation ☐ Signature Required ☐ Return Trip Required

ROUTING

Additional Stops: ☐ None ☐ Yes — Number of Additional Stops: _____

Additional Pickup / Delivery
Locations:_____

_____

Expected Wait Time:_____

DELIVERY
INSTRUCTIONS:_____

_____

Special Instructions / Time Constraints:_____
_____
_____
_____

RECURRING SERVICE

Is this delivery part of a recurring route?

☐ No ☐ Daily ☐ Multiple Times Per Week ☐ Weekly ☐ Monthly ☐ Other: _____

CONFIRMATION

Preferred Confirmation Method:

☐ Phone ☐ Email ☐ Text ☐ Electronic Delivery Confirmation

Purchase Order / Account Number:

SUBMIT YOUR DELIVERY REQUEST

After submission, LionHeart Medical Express will review your request and confirm service availability, estimated delivery timing, and applicable pricing.

Phone: _____

Email: _____

Website: _____

LIONHEART MEDICAL EXPRESS

BEYOND THE ORDINARY. DRIVEN BY COMPASSION. DEDICATED TO CARE.

Reliable Transportation • Professional Service • Care Every Mile