**Volunteer Driver** **Contact Card**

Driver name………………………………………………………………………………………

Driver tel no………………………………………………………………………………………

Patient name……………………………………………………………………………………

Appointment date/time……………………………………………………………………

I voluntarily drive clients to hospitals. I wait for my client to complete

their appointment and then I take them home. Please contact me

if my client is waiting or there are problems. *Thank you.*

**KEEP ME!**

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| *Community transport scheme*:  |

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