



Lake Express, Passenger & Medical Facility Information

Patient Information

Name: _____

Cell Phone Number: _____

Patient Signature: _____ Date: _____

Parent/guardian signature (if under 18): _____ Date: _____

Additional Passenger Info

Name: _____

Relationship to Patient: _____

DOB: _____

Cell Phone Number: _____

Signature: _____ Date: _____

****If more than one additional passenger is going, please attach their info to this application**

Appointment/Procedure Information

Facility of appointment/procedure: _____

Location of appointment/procedure: _____

Date & time of first appointment/procedure: _____

Date & time of last appointment/procedure: _____

Lake Express Information (office use only)

Leaving Muskegon

Outgoing Date: _____

Outgoing Time: _____

Leaving Milwaukee

Outgoing Date: _____

Outgoing Time: _____

Arriving in Milwaukee

Arrival Date: _____

Arrival Time: _____

Arriving in Muskegon

Return Date: _____

Return Time: _____

Waivers/Forms (office use only)

Application for Coverage: _____

Liability Waiver: _____ Copy of ID: _____

Destination & Lake Express Info: _____

Appointment Verification: _____ Invoice: _____

Waves of Hope
www.WavesofHopeMI.com

1918 Lakeshore Drive
Muskegon, MI 49441
WavesofHopeMI@gmail.com

Fax: 231.755.2427
Phone: 866.914.1010