

Our Transportation Service

Dr. Meltzer provides a transportation service Monday through Friday 8:30 am- 5:30 pm as a courtesy to our patients from out-of-town. Patients must be staying in the immediate Scottsdale area to take advantage of this service. Our operating range is: Scottsdale Road to Shea Blvd (North) or McDowell (South).

Also, we invite you to please visit our website: <http://www.themeltzerclinic.com>
Go to Patient Resources>Transportation Guidelines.
Here you will find a map of our operating area, along with hotels and the relative locations of our office and the Greenbaum Surgery Center.

Transportation is offered on a first come, first served basis. Please schedule your ride as soon as you know your flight times. You should also schedule your return trip at this time to maximize your chances of utilizing our service. You may need to wait and share a ride with another patient. We will do our best to accommodate patients during the above hours; however we cannot always guarantee availability. If you are unable to wait or are coming in at a time other than above, you will need to make your own ground transportation arrangements.

Scheduling our Transportation

There are a number of ways to schedule with our transportation service.

E-mail

Send your transportation request to transportation@themeltzerclinic.com

Please note: email is not always perfect. If you have not received confirmation within a week's time, please call us at (480) 657-7006

Telephone

Please contact our office at (480) 657-7006 for more information about this service. We are open Monday through Thursday, 9:00 a.m.–5:00 p.m. and closed daily from 12:30–2:30.

THE **MELTZER CLINIC** PC
TOBY R MELTZER MD & ELLIE ZARA LEY MD

Mail

We have prepared this Patient Transportation Information and Request form for your convenience. This information is also available on our website

<http://www.themeltzerclinic.com>

Please complete this form and return it to our office no later than two weeks prior to your arrival.

Changes and Delays

It is your responsibility to let our office know of any changes or delays.

Airport

You will need to fly in to Phoenix Sky Harbor Airport (PHX).

Airport Pickup

As soon as your plane has landed please follow the directions you have been given. Please proceed directly to the baggage claim area - even if you have not checked luggage and walk outside to the curb. Please call whoever is picking you up again and they will meet you curbside.

To accommodate as many schedules as possible, you may be asked to wait. We will try to let you know this when you schedule your ride, so that you may make alternate ground transportation plans should you not desire to wait.

Special Note: Please keep in mind, if you are driving here for your surgery, you will need to make sure that someone is able to drive you home. No patient is allowed to drive after surgery, or if they are taking ANY pain medications.

THE **MELTZER CLINIC** PC
TOBY R MELTZER MD & ELLIE ZARA LEY MD

PATIENT TRANSPORTATION INFORMATION AND REQUEST

PLEASE NOTE: YOU MUST BE STAYING IN THE CENTRAL/OLD TOWN SCOTTSDALE AREA TO UTILIZE OUR TRANSPORTATION SERVICE.

Our Transportation hours are Monday through Friday: 8:30 AM - 5:30 PM

Transportation must be arranged in advance and is offered on a first come, first served basis. Please help us give you the best service possible by completing the following form and returning it to our office as soon as possible, no later than two weeks prior to your arrival. Please understand this service may not always be available.

Patient Name _____ Email _____

Home Phone _____ Cell Phone _____

Date of Consultation _____ Date of Surgery _____

I need transportation for the following. (Please circle all that apply)

Airport Arrival Airport Departure Consult/Office Appointment

Surgery/Hospital Other: _____

Flight Information (arriving/departing Phoenix Sky Harbor Airport)

Date: _____ **Arrival** Time: _____

Airline: _____ Flight No.: _____

Arriving from what city: _____ Baggage _____

Travel Companion _____ Special Needs _____

Date: _____ **Departure** Time: _____

Airline: _____ Flight No.: _____

Hotel and Hospital Information

Hotel 1 Name & Address _____

Hotel 2 Name & Address _____