



Pilots For Patients
3127 Mercedes Dr, Monroe, LA 71201

Physicians Letter

Dear Pilots for Patients,

I understand that the volunteer pilots of Pilots for Patients provide free air transportation for qualified persons needing medical treatment and who has a legitimate need to avoid lengthy surface transportation.

(Name of Patient)_____ is a patient in my care who requires transportation from _____ to _____ for the following reasons: _____

diagnosis: _____

This person must be ambulatory and physically able to enter, exit, and be transported in small, light, non-pressurized aircraft that is not equipped for any medical emergencies. This means stepping up onto a wing (16-20 inches above the ground) and lowering yourself into the back seat with little or no assistance.

(Name of Patient)_____ does not have any communicable disease or similarly treated medical conditions.

Physician: _____

Address: _____

Telephone: _____

Fax: _____

Date: _____

Signature of above named Physician

THIS PAGE MUST BE COMPLETED BY A QUALIFYING PERSON

(Doctor, Nurse Social Worker etc.) & MAILED OR FAXED TO:

**Pilots For Patients
3127 Mercedes Dr. Monroe, LA 71201
Phone (318) 322-5112 -- Fax (318) 388-4924**