



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: _____

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 similar treated medical conditions.

Physician: _____

Address: _____

Telephone: _____

Fax: _____

Date: _____

Signature of above named Physician