

Physician's Sample Template

(To be placed on Physician or Hospital Letterhead)

Date:

To the Manager of the Medical Transportation Assistance Program:

_____ requires a non-medical escort to attend a medical appointment with/for
(Name of Patient)

_____ on _____.
(Type and Name of Physician Specialist or Medical Treatment/Service) (Date if Known)

Due to their _____, this patient is
(List Specific Medical Condition, Illness, Injury or Treatment)

unable to _____,
(Limitations in relation to Medical Condition, Illness, Injury or Treatment)

and will require assistance to attend their specialized medical service.

Sincerely,

(Physician's Name and Signature)