

Healthcare Emergency Shuttle Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as authorization for [Patient's Name], born on [Patient's Date of Birth], to utilize the emergency shuttle services provided by [Healthcare Provider/Organization Name].

In the event of a medical emergency, please allow the emergency shuttle team to transport [Patient's Name] to [Destination Hospital/Facility Name]. This authorization is valid from [Start Date] to [End Date].

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization Name]

[Your Contact Information]