

Immediate Health Evacuation Notification

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an immediate health evacuation for [Patient's Name], who is currently located at [Current Location]. The decision has been made due to [brief explanation of the medical condition or emergency], which requires urgent medical attention not available at this location.

Patient Details:

- **Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Medical Condition:** [Brief Description]
- **Current Medications:** [List of Medications]

We request that the evacuation be coordinated for the earliest possible time to [Destination Hospital/Facility], where [Patient's Name] can receive the necessary treatment.

Please feel free to reach out at [Your Contact Information] for any further information or to confirm the evacuation details.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Name]

[Your Position/Relation to Patient]

[Your Organization/Contact Information]