

Patient Transportation Assistance Request

Date: [Insert Date]

To: [Insert Transportation Service Provider Name]

Address: [Insert Service Provider Address]

Dear [Service Provider's Name],

I hope this message finds you well. I am writing to request transportation assistance for a patient in need of medical transportation. Please find the details of the patient and the required transportation below:

Patient Information:

Name: [Patient's Name]

Age: [Patient's Age]

Medical Condition: [Brief Description of Condition]

Appointment Date and Time: [Insert Date & Time]

Pickup Location: [Insert Pickup Address]

Destination: [Insert Destination Address]

Transportation Requirements:

[Specify any special requirements, such as wheelchair access, assistance needed, etc.]

We greatly appreciate your assistance in this matter and look forward to your prompt reply to confirm transportation arrangements.

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Your Organization]