

Transportation Aid Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Subject: Request for Transportation Aid

Dear [Recipient Name],

I am writing to formally request transportation aid for medical appointments.

As a patient diagnosed with [your medical condition], I face challenges in acquiring reliable transportation to my medical appointments at [healthcare facility name]. Despite my efforts, my current transportation options are limited and often non-existent.

Access to consistent transportation is critical for my treatment and ongoing care. I kindly ask for assistance in facilitating transport services so that I may attend all necessary appointments without incident.

Attached are necessary documents including my medical records and any other required information for your review.

Thank you for considering my request. I look forward to your prompt response so we can discuss the available options.

Sincerely,
[Your Name]