

# Patient Transport Arrangement

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your transport arrangements for your upcoming healthcare visit on [Insert Date of Visit] at [Insert Time].

Your designated transport provider is [Transport Provider Name]. They will pick you up from your residence at [Pick-Up Address] and provide transport to [Healthcare Facility Name and Address].

The driver will arrive at your location approximately [Insert Time] before your scheduled appointment time.

If you need to make any changes to this arrangement or have any questions, please contact us at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing our services for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]