

Support Request for Medical Transportation

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company/Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request assistance with medical transportation for [briefly explain the reason for transportation, e.g., regular doctor appointments, therapy sessions, etc.]. Due to [mention any relevant medical conditions, mobility issues, or other circumstances], it has become increasingly challenging for me to arrange for transportation on my own.

My medical appointments are scheduled for [insert specific dates/times] at [insert location of medical facility]. I would greatly appreciate any support your organization could provide in facilitating safe and reliable transportation for these appointments.

Please let me know if you require any further information or documentation to process this request. Thank you very much for considering my situation. I look forward to your prompt response.

Sincerely,

[Your Name]