

Authorization for Transportation Services

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Transportation Service Provider Name] to provide transportation services for [Patient's Full Name], who is under my care. This authorization is valid for the period from [Start Date] to [End Date].

Details of the patient:

- **Patient's Address:** [Patient's Address]
- **Patient's Phone Number:** [Patient's Phone Number]
- **Medical Condition:** [Brief Description of Condition]
- **Pickup Location:** [Pickup Address]
- **Destination:** [Destination Address]

Please provide the necessary assistance and ensure safe transportation for the patient.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Position/Relation to Patient]

[Your Contact Information]