

# Formal Request for Healthcare Transportation Aid

Date: [Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Healthcare Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request assistance with transportation to my healthcare appointments. Due to [briefly explain your situation, e.g., limited mobility, financial constraints, etc.], I am unable to arrange reliable transportation for my ongoing medical needs.

My upcoming appointments include:

- [Date and Time of Appointment 1]
- [Date and Time of Appointment 2]
- [Date and Time of Appointment 3]

I would greatly appreciate any support your organization can provide in securing reliable transportation for these appointments. Please let me know if there are any forms I need to fill out or additional information required to process this request.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]