

# Request for Patient Transportation Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request assistance with transportation for [Patient's Name], who is scheduled for a medical appointment on [Date of Appointment] at [Location of Appointment]. Due to [brief explanation of the situation, e.g., mobility issues, lack of transportation], it is crucial that we secure transportation assistance for this appointment.

We would greatly appreciate any help or resources your organization can provide to facilitate this transportation. If needed, I can provide additional information regarding the patient's condition and specific transportation needs.

Thank you for considering our request. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title or Relationship to Patient]