



Free Flights for People in Need

Dear Doctor or Medical Professional,

Your patient has requested free air transportation to a distant medical facility. To finalize this request, complete and return this form at your earliest convenience.

I, _____, hereby confirm that

(Physician First, Last Name)

(Patient First, Last Name)

(DOB)

is a patient in my care who meets the following criteria:

- **Patient is medically and mentally stable** to travel in a small, non-pressurized aircraft that typically seats 4-6 passengers. The patient does not have any medical conditions that could affect either the safety of the pilot or the patient’s personal health on the flight. These may include, but are not limited to, conditions such as seizures, mental disorders, respiratory issues, or the need for medical care during the flight.
- **Patient is ambulatory** and able to climb in and out of a small plane by stepping up 16 to 20 inches with limited assistance. The patient is also able to sit upright for the duration of the flight. The patient is not more than 20 weeks pregnant.
- **Patient has a legitimate need to travel for medical care.** Our pilots donate their time, skills, and the cost of fuel to provide free transportation for patients who require medical treatment not available to them locally.
- **Patient is medically and mentally stable to fly on a commercial aircraft.** Angel Flight Central occasionally receives donations from commercial air carriers for patients who have a financial and medical need for transportation that cannot be fulfilled by our volunteer pilots.

Physician Signature: _____ Date: _____

Phone: _____ Facility Name: _____

Additional information we should know before arranging transportation for this patient:

Please fax the completed form to 816-421-2409 or email it to request@angelflightcentral.org. If you have any questions about our services, please call our office at 816-421-2300. **The patient’s mission will not be scheduled until we receive this signed letter from you.**

Sincerely,

Angel Flight Central Flight Coordination

Charles B. Wheeler Downtown Airport | 10 Richards Road | Kansas City, MO 64116
816-421-2300 | 816-421-2409 F | www.angelflightcentral.org

