



Houston Ground Angels Physicians Letter

1525 Lakeville Drive Suite 221 Kingwood, TX 77339

Dear Houston Ground Angels,

I understand that the volunteer pilots of Houston Ground Angels provide free air transportation for qualified persons needing medical treatment. (Name of Patient)_____

is a patient in my care who requires transportation from_____ to _____

for the following reasons:_____

and who is ambulatory and physically able to be transported in a light non pressurized aircraft that is not equipped for any medical treatment or emergencies, and who has a legitimate need to avoid lengthy surface transportation.

(Name of Patient)_____ does not have any communicable disease or similar treated medical condition.

Physician:_____

Address:_____

Telephone:_____

FAX:_____

Date:_____

Signature of above named Physician