

LETTER FOR EMERGENCY MEDICAL SERVICES

TO: DIRECTOR OF EMERGENCY MEDICAL SERVICES

_____, HAS THE FOLLOWING EQUIPMENT

_____.

DIAGNOSIS: _____

NAME: _____

ADDRESS: _____

PHONE: _____

HE / SHE IS CURRENTLY UNDER MY CARE, SHOULD CONDITIONS WARRANT, YOU WILL BE CONTACTED BY A FAMILY MEMBER OR CARE GIVER TO PROVIDE TRANSPORT TO THE HOSPITAL. YOUR COOPERATION WILL BE APPRECIATED IN THIS MATTER.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME.

SINCERELY,

_____, M.D. / D.O.

DATE