



## TREATING DOCTOR'S LETTER

I hereby refer the following patient and their family to the Little Wings service for free flight and ground transport patient between their hospital and home.

Patient Name: \_\_\_\_\_

In referring my patient I confirm the following:

- The patient is fit to fly without need for clinical support
- The patient is ambulatory and able to enter and exit a light aircraft without assistance or with the assistance of their carer
- The patient is able to fly without the need for medical equipment
- The patient's condition will not be exacerbated by flying in a light non pressurised aircraft
- The travel is not mission critical

I understand that:

- Travel is in a light non pressurised aircraft
- This is a non emergency flight and that there are no medical staff or equipment on board
- There is a risk that a patient may miss their appointment due to flight cancellations or delays

(Note that in such circumstances we will use our best endeavours to arrange an alternative solution for the passengers, including commercial air travel, however can not guarantee to accommodate all circumstances)

Doctor's Name: \_\_\_\_\_

Treating Hospital: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_