



PASSENGER STRETCHER AUTHORIZATION

Date: _____

Dear Physician:

A patient under your care, _____, has requested to
be transported on a stretcher. In order for _____,
a nonemergency medical transportation service, to provide stretcher transportation for
your patient, this form must be completed and signed. Broward County Administrative
Code, Section 33.15(e), prohibits transportation by stretcher, without written certificate by
a Florida licensed physician or physician's assistant.

ATTENDING PHYSICIAN'S STATEMENT

I, Dr. _____, with
Florida license number _____,
hereby state and certify that this patient is under my care and is fit
to travel by nonemergency medical transportation, on a stretcher, and
be picked up from _____,
and transported to _____.

I further certify that this patient's condition is such that the patient does not need, and is
not likely to need, immediate medical attention during transport.

Specialty: _____

Address: _____

Telephone: _____

Signature: _____