



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.

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: _____