



Pilots for Christ International

Phone (616) 884-6241 Fax: (616) 884-6079

Please provide this form to your Doctor

Date: _____

Dear Doctor,

Your patient has requested assistance from Pilots for Christ International for urgent air transportation to obtain medical procedure or treatment, which is available by private aircraft. In order for us to accommodate this request, we need a physician's evaluation of the patient's ability to make a flight in a private aircraft.

The following is pertinent information concerning the patient, and the proposed flight:

Patients Name: _____

Date tentatively scheduled for the flight: _____

Flight is from _____ **to** _____

Estimated flying time: _____ **hour(s); Layover time** _____ **hour(s)**

The patient would most likely be transported in a private aircraft, non-pressurized with altitudes of up to 8,000 feet above sea level.

If you can approve this patient taking this flight, please do so on the following form and Fax it to our office as soon as possible at 616-884-6079, so we may plan this flight. If you have any questions, please do not hesitate to call.

Thank you for your help.

Sincerely,

Timothy R. Layne (National Flight Coordinator)
Pilots for Christ International
(616) 884-6241



Pilots for Christ International

Phone (616) 884-6241 Fax: (616) 884-6079

Please provide this form to your Doctor

Physician's Evaluation of Eligibility

Patient's Name: _____ Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

If patient is a minor, enter name of the parent or guardian: _____

Parent/guardian address if different from minor's

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Medical reason for requested travel: (please circle all that apply)

- (a) Time-Critical
- (b) Financially Needy [individual and family unable to provide finances for trip]
- (c) Compassion [physically unable to travel by any other means]
- (d) Lack of local/nearby commercial service
- (e) Low Immunity System
- (f) Other, please explain: _____

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 8,000 feet above sea level.

Signed: _____, M.D./D.O. Date: _____