



TO: Miracle Flights for Kids
SUBJECT: Medical Doctor's Certification of Patient Flight

I, _____, M.D., do hereby certify that my patient,
(Doctor's name)
_____, is medically/mentally stable and can be
(Patient's name)
safely transported on a commercial aircraft provided by **MIRACLE FLIGHTS FOR KIDS** without charge,
for the purpose of transporting said patient to and/or from:

(Treatment Facility Name)

(City and State)

for _____
(Type of Treatment)

- I will inform **MIRACLE FLIGHTS FOR KIDS** of any change in this patient's stability status that would **VOID this** certification. _____
(Dr. initials)
- I further certify that the above mentioned patient does not pose a health risk from any communicable diseases. _____
(Dr. initials)

All Appointment Date(s): _____ Appointment Time: _____ Return Date: _____

Doctor's Signature: _____ **Date:** _____

Phone Number: _____ Fax Number: _____

Oxygen Required Yes No *If yes, letter signed by physician is also required*
Rate of Flow _____ *indicating rate of flow and how administered.*
Will patient provide Yes No Additional Comments: _____
own concentrator?

Note: Physician's signature is valid no more than 60 days prior to appointment date.

**** In addition to this form, Miracle Flights for Kids requires that letters be submitted from both the local and treatment site physicians that confirms the patient's medical diagnosis/condition, reason for travel, all appointment dates, and the return date. Each letter must be typed on the physician's letterhead, signed by the physician, and dated no earlier than 60 days prior to the patient's first appointment.**

MIRACLE FLIGHTS FOR KIDS