Medical Doctor’s Certification of Patient Flight

*must be completed by the patient’s local referring physician*

**We’re Flying for Your Life**

I, __________________________________________, M.D., D.O., PA-C, do hereby certify that my patient, __________________________________________, is medically/mentally stable and can be safely transported on a commercial aircraft 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 medical stability status. ________________________________ (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):

(Please document all appointment dates, dates through which recovery is required, and discharge date.)

Return Date: ___________________________ (day following final appointment or discharge date)

Doctor’s Signature: ______________________ Date: __________________

Phone Number: ______________________ Fax Number: ______________________

Oxygen Required: ___Yes ___No If yes, letter signed by physician is also required indicating rate of flow, how administered, and if required during all phases of flight, including taxiing, take-off, and landing.

Rate of Flow ___________________________

Name brand of oxygen concentrator: ___________________________

(Patient must provide concentrator and oxygen for flight.) Additional Comments: ___________________________

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, recovery dates, and the return date. Each letter must be typed on the physician’s letterhead, signed by the patient’s MD, DO, or PA-C, and dated no earlier than 60 days prior to the patient’s first appointment.

MIRACLE FLIGHTS FOR KIDS
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