

**Angel Flight West**  
**Medical Approval For Commercial Transportation**  
3161 Donald Douglas Loop South, Santa Monica, CA 90405  
Phone 888-426-2643 ♦ Fax 310 397-9636

**IMPORTANT: Angel Flight cannot coordinate free commercial tickets until this form is completed, signed, and mailed or faxed to our office at the above address.**

Patient's Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's phone and on-call #: \_\_\_\_\_

Doctor's fax #: \_\_\_\_\_

Facility/Agency Requesting Transportation: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_

Does the patient currently have a contagious or communicable disease? If so, please explain.

Yes  No  Comments: \_\_\_\_\_

Is the patient medically stable to fly on a commercial flight?

Yes  No

Is the patient able to walk, embark, and disembark the aircraft with little or no assistance? If no, please explain.

Yes  No  Comments: \_\_\_\_\_

**I have carefully read and completed the above information and approve this patient for a flight on a commercial aircraft.**

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Medical License #

\_\_\_\_\_  
Date

**To accommodate the volume of demand, we ask that your request for free flight transportation be made at least two business days in advance of departure, during our office hours Monday – Friday 8:30 am – 4:30pm Pacific Time – Thank you.**