



Agency Referral Sheet

Miracle Flights provides flight assistance on commercial airlines to patients in need of distant medical care across the U.S. Programs include: Domestic Flight Support, International Flight Support, Service Dog Training/Retrieval Flight Support, and Organ/Blood Donor Flight Support, based on program eligibility for both children and adult patients. Please refer to www.miracleflights.org for additional information.

1. Please complete the referral sheet below for each patient household.
2. Where applicable and readily available, provide a completed Medical Referral Certification Letter (Form D) or Medical Appointment Confirmation Letter (Form E) with your request, printed on company letterhead.
3. Email to flightcoordinator@miracleflights.org or fax to (702) 261-0497, Attn: Flight Department

Miracle Flights will be in contact with you/your patient by the next business day. Should you need immediate assistance or additional information, please call us at (800) 359-1711. Thank you.

Patient Information

Date

Patient Name

Diagnosis

Parent(s) Name

Treatment Site Being Referred To

Phone

Email

Address

City/ST/Zip

Referral Details (include information such as tentative appointment dates as possible): _____

Referring Agency

Referred By

Title/Department

Agency Name

Treatment Site Referring Physician Support Group Other

Type (select one)

Phone

Email

For Internal Purposes

Date Received: _____

Received By: _____

Cc: Outreach