

SAMPLE LETTER: TRIPS TO HOSPITAL

Date:

To Whom It May Concern:

Mr./Mrs./Ms. _____ is a dialysis/transplant patient at _____ (*Hospital Name*) in _____ (*Town/City Name*). This patient made _____ (*number of*) trips to the hospital during the year. Mr./Mrs./Ms. _____ travels _____ (*number of*) kilometres, one way from home to the hospital.

Yours Sincerely,

Dr. _____

Director of Nephrology Program

Or

Administrator, Nephrology Program