



**Non-profit serving Wise County  
Founder & Pilot: Fabio LaBrada**

**Raquel's Wings  
351 Airport Rd.  
Decatur, TX 76234**

**Office: 940.627.1050  
Fabio: 940.399.9504  
Fax: 940.627.1044**

## **Patient/Passenger Checklist**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Signed Patient & Passenger Guidelines
2. Patient Information Form completed
3. Passenger Information Form completed
4. Doctor's release stating patient is safe to fly
5. Signed Waiver of Liability
6. Copy of driver's license

**Passenger Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Please include all potential passengers.)**

1. Signed Patient & Passenger Guidelines
2. Passenger information form (please list and complete for each potential passenger)
3. Signed Waiver of Liability
4. Copy of driver's license



## **Patient & Passenger Guidelines**

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Patient must provide a personally signed letter from their Physician which includes their diagnosis, and states the Patient is released to fly.

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Pilots will need the following information before the flight: passenger weight(s) and weight of bags.

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Patients must be ambulatory and able to travel in a small, non-pressurized aircraft, without access to lavatory facilities.

We do not allow portable oxygen on our flights.

Patients may be accompanied by one family member or support person.

Please be aware that departures and landings require a lot of attention from the pilot. Please refrain from speaking with the pilot until the plane is in the air or has come to a complete stop. Otherwise, feel free to ask the Pilot any questions you may have.

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Due to the kindness of our pilots volunteering their time, if a flight must be rescheduled we cannot guarantee the availability of a flight.

Occasionally, a patient will not know the date of their return flight. When the return date becomes apparent, we cannot guarantee that a return flight with Raquel's will be possible. In this case, Raquel's Wings for Life will offer a return flight on Southwest Airlines. If the patient is unable, or does not prefer a flight on Southwest, Raquel's Wings for Life cannot guarantee a flight home.

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Due to the high temperatures in the summer, wear comfortable clothes. We will operate out flights only in the early morning or late afternoon. This is because most of our aircraft are unpressurized and do not have air conditioning. We appreciate your understanding and cooperation. Thank You

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Signature

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Date

**Patient Information**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Doctor's Instructions: \_\_\_\_\_

Notes to the Pilot for Safety: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Passenger Information**

**Date:** \_\_\_\_\_

**(Please include any potential passengers here. We also need a copy of DL for each.)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Re: \_\_\_\_\_

To Whom It May Concern:

I am writing on behalf of my patient, \_\_\_\_\_ to document the medical necessity of the (treatment/medication/equipment) \_\_\_\_\_ for the treatment of (specific diagnosis) \_\_\_\_\_. This letter provides information about the patient's medical history and diagnosis and a statement summarizing my treatment rationale.

Patient's History and Diagnosis: (Include information here regarding the patient's condition and specific diagnosis. Also include the patient's history related to their condition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Rationale: (Include information on the treatment up to this point, course of care and why the treatment/medication/equipment (item in question) is necessary and how you expect that it will help the patient.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration: (Length of time treatment/medication/equipment (item in question) is necessary – not to exceed 12 months)

\_\_\_\_\_

Summary:

In summary, (treatment/medication/equipment) \_\_\_\_\_ is medically necessary for this patient's medical condition. Please contact me if any additional information is required to ensure the prompt approval of (treatment/medication/equipment) \_\_\_\_\_.

Sincerely,

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Your licensed provider must complete, sign and date the letter.



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**WAIVER AND RELEASE FROM LIABILITY FOR NONPROFIT**

I, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Raquel's Wings for Life and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, Raquel's Wings for Life provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions in which I participate may be considered (but do not have to be) of a volunteer nature, or for the benefit of a 401©(3), and/or dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Raquel's Wings for Life, including but not limited to any volunteer activities, community events or leagues, using the facility and its equipment, practicing and/or engaging in organizational functions, philanthropic activities, other nonprofit or for profit engagements or functions and fundraisers or other related activities on and off the premises. I also understand that Raquel's Wings for Life cannot provide medical assistance.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of Raquel's Wings for Life, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

_____	_____	_____	_____
Print Name as shown on ID	Date	Date of Birth	Phone Number
_____	_____	_____	_____
Signature	Relationship to Patient	Email	

Located: Raquel's Wings For Life/Patient Forms/Waiver of Liability



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