**ORGANIZATION LETTERHEAD**

DATE OF REQUEST

**Please make sure that no patient information is included**

To whom it may concern,

I am formally requesting the donation of INSERT ABBOTT PRODUCT HERE as part of the patient assistance program for an indigent patient. This patient does not have health insurance nor do they qualify for government assistance programs. The product donation will consist of only patient-necessary equipment. Any unused product will be returned to Abbott.

Both implanting physician and hospital/facility will be donating their services for this patient’s procedure occurring on DATE OF IMPLANT.

Sincerely,

SIGNATURE OF IMPLANTING PHYSICIAN OR AUTHORIZED HOSPITAL REPRESENTATIVE

NAME OF SIGNER SPELLED OUT

TITLE