Burn Survivors Throughout The World, Inc.
Need for Donated Medical Treatment
Application Form

Burn Survivors Throughout The World, Inc. is very happy to have doctors that are willing to donate their time each year to help rebuild the life of a burn survivor.

What you need to know about this service:

1. Burn Survivors Throughout The World, Inc., known as BSTTW, on this document, does not guarantee that you will receive the services.
2. All information may be verified by the BSTTW staff and/or the doctor's office.
3. BSTTW is not responsible for the services or problems that may take place between you, the transportation, hotels, the doctor and his/her staff.
4. BSTTW will do its best to get you the medical service needed and air transportation, if needed. BSTTW will help you to set up your air transportation with Angel Flight and other non profit organizations.
5. If you need a place to live during the medical treatment and/or appointments, BSTTW will do our best to help you to get hotel accommodations.
6. Fill out this form, sign it, gather all medical papers needed to help us review your needs, including medical release forms,

pictures, doctor letters and prescriptions and mail it all to BSTTW.

Below is the form you must fill out and sign. All information is needed for BSTTW and the doctor to review. We do not guarantee that you will be selected. If you are selected, BSTTW cannot guarantee that we will be able to get you free transportation and housing for any or all of your medical appointments. BSTTW can only accept a certain number of patients per doctor per calendar year. The doctor has the right to deny accepting donation medical treatment. Once you are selected BSTTW is not responsible for your transportation and any financial expenses for each trip, the actions between you, the doctor(s) and the doctor's staff. Everything is confidential and BSTTW will only release the information to the doctors so they can review your case.

Mail the completed form and medical records to:
Burn Survivors Throughout The World, Inc.
650 N Beneva Road #305
Sarasota, Florida 34232

Date:_____

Name: _____ Birth Date: _____
Address: _____ Age: _____
_____ Sex: _____
Home Phone Number: _____
Work Phone Number:_____
Social Security Number: _____

Mailing Address if different from above:_____
_____
_____

Do you have Insurance: Yes___ No___

If yes, attach a copy of your insurance card.

Current Primary Care Doctor:
Name: _____
Address:_____
_____
Phone Number: _____

Emergency Contact: Name, address, phone number and relationship to you.
Name: _____
Address:_____
_____
Home Phone Number:_____
Home Phone Number:_____
Work Phone Number:_____

Do you work? Yes___ No___
If yes, the name and address of your employer.

When were you burned: _____
What are your immediate and current medical diagnoses?:_____
What degree of burns and what parts of your body did you have them?

Did you have any surgeries? Yes ___ No ___
If yes, date, address, surgeons name and description:

_____

_____

List the medications that you are taking:

NAME	DOSAGE	TIMES PER DAY

What type of doctor do you need to see and why?_____

_____

_____

Do you have a prescription from a Doctor?:_____
If yes, who; attached a copy of the prescription. _____
Attach medial documentation and letters from all doctors stating your diagnosis and what is medially necessary.

Do you have transportation? YES___ No___
Will you need transportation with Angel Flight, within the United States, or Hope Air, within Canada, in order to see a doctor that is outside your county/state? YES____ NO____

I confirm that I have carefully read and understood this application. I further confirm that all information on this form and attached to this form is true to the best of my knowledge.

_____ _____

Parent/Guardian signature if under 18 Patient's Signature

Date:_____ Date:_____