

**ORGANIZATION LETTERHEAD**

**DATE OF REQUEST**

\*Optional: **PATIENT NAME**

To whom it may concern

I am formally requesting the donation of **INSERT SJM 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 St. Jude Medical.

Both implanting physician and hospital/facility will be donating their services for this patient's procedure.

Sincerely

**SIGNATURE OF IMPLANTING PHYSICIAN OR AUTHORIZED HOSPITAL REPRESENTATIVE**

**NAME OF SIGNER SPELLED OUT**

**TITLE**