**CONFIDENTIAL MASSPORT**

# FACT SHEET BOSTON LOGAN INTERNATIONAL AIRPORT

**MEDICAL ASSISTANCE PROGRAM (LAMPAP)**

## TEL: (617) 561-1803

**FAX: (617) 561-1866**

**PLEASE TYPE RESPONSES**

Date: Completed by:

[Please print full name]

Telephone Number: Email Address:

**Name of Health Care Institute:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PATIENT INFORMATION

|  |  |
| --- | --- |
| PATIENT NAME: | Age/Gender: |
| Guardian Name and Contact number: | Number in Party: |
| Interpreting Assistance: YES NO  Language: | Wheelchair Assistance: YES NO |

**AIRPORT INFORMATION**

|  |  |
| --- | --- |
| **Arrival to Boston Logan** | **Departure from Boston Logan** |
| Date: Day of Week: | Date: Day of Week: |
| Airline: Flight #: | Airline: Flight #: |
| **Arrival time at Airport** AM PM | **Drop Off Time at Logan** AM PM |
| Origin Point (City/Country) | Origin Point (City/Country) |
| Destination Address: | Destination Address: |
| Ground Transportation from Logan Airport: | Ground Transportation to Logan Airport: |
| Special Instructions: | Special Instructions: |

**Confirmation**

**Please complete this form and return by email to:** [**meetandassist@massport.com**](mailto:meetandassist@massport.com)**.**

**PLEASE NOTE REQUIREMENTS: 48 Hour notice for Domestic Flights and 72 Hours for International flights.**

|  |  |
| --- | --- |
| Customer Service Team Member assigned: | Additional instructions: |