



## **ENVIRONMENTAL SERVICES**

## PHYSICIAN'S DOCUMENTATION FORM FOR BOTTLED WATER REQUEST

| To the Physician:  |                           |  |
|--|---------------------------|--|
| Because of sodium levels of about<br>Name:   |                           | mg/l (milligrams per liter) in the well of:  |
| Address:   |                           |  |
| The Massachusetts Department of Transp<br>bottled water containing less than 20 mg<br>if he/she is required to consume less than<br>health problems. | <sub>I</sub> /I of sodium | ı to:,   |
| <u>Patient</u> :   | <u>Physi</u>              | <u>cian</u> :  |
| Name:  | Nam                       | e:   |
| Address:   |                           | Address:   |
| Telephone Number: ()   | -                         | Telephone Number: ()   |
| •  | Yes                       | . Is this patient required to consume Yes only foods that are low in sodium? No                          |
|  | Yes 5<br>No               | . Should this patient be provided withYes<br>Bottled water containing less than 20 No<br>mg/l of sodium? |
|  | Yes6<br>No                | . Is this patient required to use<br>Yes<br>diuretics? No  |

Please notify this office of any change in this patient's condition, which obviates the need for bottled water. Any bottled water provided by MassDOT Highway Division will be purchased through public tax dollars.

## **CERTIFICATION**

I hereby certify that all of the statements and information on and supplied with this form are true and complete to the best of my knowledge and belief, and that no information necessary to the resolution of this complaint is withheld.

| Physician's signature: | Date: |  |
|------------------------|-------|--|

Please mail completed form to:

Laurene.poland@dot.state.ma.us (preferred), or:

Laurene J. Poland MassDOT Highway Division Ten Park Plaza, Room 7360 Boston, MA 02116

If you have any questions, you may contact Cate Kenna, Salt Remediation Program Coordinator, at Catherine.kenna@dot.state.ma.us.