



Charles D. Baker, Governor  
 Karyn E. Polito, Lieutenant Governor  
 Stephanie Pollack, Secretary & CEO  
 Jonathan L. Gulliver, Highway Administrator



ENVIRONMENTAL SERVICES

PHYSICIAN'S DOCUMENTATION FORM  
FOR BOTTLED WATER REQUEST

To the Physician:

Because of sodium levels of about \_\_\_\_\_mg/l (milligrams per liter) in the well of:  
 Name: \_\_\_\_\_

Address: \_\_\_\_\_

The Massachusetts Department of Transportation (MassDOT), Highway Division, may provide bottled water containing less than 20 mg/l of sodium to: \_\_\_\_\_, if he/she is required to consume less than 2000 mg of sodium daily, because of documented health problems.

Patient:

Physician:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. Has this patient been treated for congestive heart failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is this patient required to consume only foods that are low in sodium? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you restricted this patient's? daily sodium intake to 1000 milligrams (1 gram) or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Should this patient be provided with Bottled water containing less than 20 mg/l of sodium? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you restricted this patient's? daily sodium intake to 2000 milligrams (2 grams) or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is this patient required to use diuretics? <input type="checkbox"/> Yes <input type="checkbox"/> 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 J. Poland  
MassDOT Highway Division  
Ten Park Plaza, Room 4260  
Boston, MA 02116

If you have any questions, you may contact Cate Kenna, Salt Remediation Program Coordinator, at 857-368-8804.