



**Prolonged-ventilation
Weaning
Centre (PWC) & Provincial
Centre for Weaning
Excellence**
Phone: 416 469 6580 ext. 6841
Fax: 416 469 6670
Prolonged.Ventilation@tehn.ca
MGH facility number: 1302

Date: _____

[Insert name, address of Institution]

This letter confirms the agreement of the above named institution to repatriate
_____ from the Michael Garron Hospital

(Insert name of patient)

Prolonged-ventilation Weaning Centre (PWC) if any of the following conditions are met:

1. The patient has been successfully weaned (may occur before the end of the 90 day program)
2. The patient has completed the 90 day weaning program, defined as 90 days from admission to the PWC, regardless of the weaning outcome
3. The patient has been deemed unweanable by the PWC medical director
4. The patient has become acutely unstable and requires readmission to an intensive care unit

Signed by

[Please ensure the letter is signed by someone from the referring institution who has the authority to bind the institution to this agreement].