

**Date:** [Insert Date]

**To:** [Airline Name]

**Attention:** Special Assistance / Medical Desk

**Subject:** Letter of Medical Necessity for In-Flight Portable Oxygen Concentrator (POC) Usage

**Patient Name:** [Patient Full Name]

**Date of Birth:** [MM/DD/YYYY]

**Flight Date(s):** [Insert Dates]

**Confirmation Number:** [Insert Booking Reference]

To Whom It May Concern,

I am the primary healthcare provider for the above-named patient. This letter serves as medical authorization for the use of a Portable Oxygen Concentrator (POC) during air travel, including taxi, takeoff, flight duration, and landing.

**Medical Assessment:**

- The patient has a medical condition that requires a continuous or intermittent supplemental oxygen supply.
- The patient is physically and cognitively capable of hearing the unit's alarms and seeing the indicators, and can take appropriate action in response.
- The patient is stable for air travel and does not require a hospital stretcher or incubator.

**Device Information:**

- **POC Make and Model:** [e.g., Inogen One G5 / Philips SimplyGo]
- **FAA Approved:** Yes
- **Flow Rate Setting:** [Insert Flow Setting, e.g., 2.0 Liters Per Minute]
- **Mode of Delivery:** [Pulse Dose or Continuous Flow]

**Oxygen Requirement:**

The patient requires the use of oxygen during:

The entire duration of the flight.

Only during periods of physical exertion or as needed.

The patient has been instructed to carry a sufficient number of batteries to power the device for no less than 150% of the maximum expected flight duration, in accordance with airline and FAA regulations.

Should you require further medical clarification, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

**Physician Name:** [Print Name]

**Medical License Number:** [Insert Number]

**Facility Name:** [Insert Clinic/Hospital Name]

**Phone:** [Insert Phone Number]