

Date: [Date]

To: To Whom It May Concern / Airline Special Assistance Department

Subject: Letter of Medical Necessity for CPAP Machine as Medical Equipment

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the primary healthcare provider for [Patient Name]. This letter serves to certify that my patient has been diagnosed with Obstructive Sleep Apnea (OSA) and requires the use of a Continuous Positive Airway Pressure (CPAP) machine for daily treatment.

The CPAP machine is a prescribed medical device necessary for the patient's health and safety. It is medically essential that this device travels with the patient as a carry-on item to prevent damage, loss, or theft, and to ensure it is available for use during travel or immediately upon arrival.

Under the Americans with Disabilities Act (ADA) and the Department of Transportation's Air Carrier Access Act (ACAA), medical assistive devices do not count toward carry-on luggage limits. This equipment consists of:

- CPAP Device
- Humidifier Chamber
- Power Cords and Battery Packs
- Mask and Tubing

Please provide the necessary accommodations to allow [Patient Name] to board with this medical equipment in addition to their standard carry-on allowance.

If you require further medical documentation or have questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]