

[Physician's Name/Clinic Name]

[Address Line 1]

[Address Line 2]

[Phone Number]

[Date]

RE: Letter of Medical Necessity for [Patient Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the treating physician for [Patient Name]. Due to [Patient's Name]'s current medical condition, it is medically necessary for them to receive specific accommodations while traveling to ensure their safety and well-being.

The patient has a medical diagnosis of [Diagnosis/Condition] which results in [briefly describe functional limitations, e.g., limited mobility, inability to stand for long periods, or severe respiratory distress].

Specifically, I am requesting the following accommodations for this passenger:

- **Priority Boarding:** The patient requires extra time to board the aircraft and reach their seat safely without the pressure of a crowded boarding process.
- **Wheelchair Assistance:** The patient requires wheelchair assistance for all airport transfers, including navigation through terminals, security checkpoints, and to/from the aircraft gate.

These accommodations are essential to prevent physical injury, excessive fatigue, or an exacerbation of their medical condition.

If you require any further information, please feel free to contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]