

**Date:** [Date]

**To:** [Airline Name] Accessibility/Medical Desk

**Re:** Letter of Medical Necessity for Adjoining Seating

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

**Date of Birth:** [Patient DOB]

**Reservation/Confirmation Number:** [Confirmation Number]

To Whom It May Concern,

I am the treating physician for [Patient Name]. This letter is to formally document the medical necessity for [Patient Name] to be seated in a seat immediately adjacent to their designated medical caregiver, [Caregiver Name], during flight [Flight Number] on [Date].

The patient has been diagnosed with [Name of Condition/Disability]. Due to this condition, the patient requires constant supervision and physical assistance from their caregiver throughout the duration of the flight for the following reasons:

- [Reason 1: e.g., Assistance with administration of medication or oxygen]
- [Reason 2: e.g., Assistance with mobility or positioning to prevent injury]
- [Reason 3: e.g., Management of behavioral or cognitive symptoms that require immediate intervention]

Separation from their caregiver would pose a significant risk to the patient's health and safety. It is medically necessary that they are seated in adjoining seats to ensure immediate access to care and to comply with safety protocols.

Should you require any further information or clarification regarding this medical requirement, please do not hesitate to contact my office.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]