

Date: [Insert Date]

TO: Whom It May Concern / Security and Customs Personnel

RE: Letter of Medical Necessity for Refrigerated Medication

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

I am the prescribing physician for [Patient Name]. This letter serves as formal medical documentation regarding the necessity for the patient to travel with prescription medication and associated medical supplies.

The patient is currently being treated for [Insert Condition] and requires the following medication(s):

- [Insert Medication Name]
- [Insert Medication Name]

Medical Necessity for Refrigeration:

The aforementioned medication(s) are temperature-sensitive and must be maintained at a constant refrigerated temperature between 36F and 46F (2C to 8C) to remain chemically stable and effective. Exposure to temperatures outside of this range will compromise the integrity of the life-sustaining treatment.

Required Equipment:

The patient must be permitted to carry a specialized insulated cooling case, reusable gel packs or ice packs, and a digital thermometer to ensure the safety of the medication. Additionally, the patient must carry [Insert number of syringes/needles if applicable] for administration.

I kindly request that you allow [Patient Name] to pass through security checkpoints with these medical necessities. Please handle the medication with care and avoid exposing it to extreme heat or X-ray equipment if requested by the patient, in accordance with safety guidelines for biological medications.

If you require further verification, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

Dr. [Physician Name]

[Medical License Number]

[Clinic/Hospital Name]

[Address]