

[Physician Name, MD/DO]  
[Medical Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

To Whom It May Concern:

I am the primary treating physician for [Patient Name], born on [Date of Birth]. [Patient Name] is currently under my care for the treatment of [Specific Diagnosis, e.g., Myalgic Encephalomyelitis / Chronic Fatigue Syndrome].

Due to this chronic medical condition, the patient experiences severe physical exhaustion, cognitive impairment, and post-exertional malaise. These symptoms are significantly exacerbated by physical exertion, prolonged upright posture, and the stress associated with navigating airport terminals, boarding processes, and extended travel durations.

For these medical reasons, I am prescribing direct, non-stop flight routing for all air travel. Layovers, connecting flights, and the associated deplaning/re-boarding processes represent a significant health risk to the patient, as they increase the likelihood of a severe "crash" or long-term relapse of symptoms.

Direct routing is a medical necessity to minimize physical strain and ensure the patient can travel safely without causing a debilitating decline in their baseline health status.

Please provide the necessary accommodations to allow for direct flight routing for this patient. If you require further clinical information, please contact my office.

Sincerely,

[Physician Signature]  
[Physician Printed Name]  
[Medical License Number]