

Date: [Date]

TO: Whom It May Concern / Security Personnel / Transportation Authorities

RE: Letter of Medical Necessity for [Patient Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am the treating physician for [Patient Name]. This letter serves to certify that my patient has been diagnosed with [Diagnosis/Medical Condition] and requires the regular administration of injectable medication.

To manage this condition, it is medically necessary for the patient to carry the following medical supplies at all times, including while traveling or in public facilities:

- Prescribed medication in vials or pre-filled pens: [Medication Name]
- Sterile hypodermic needles and syringes
- Alcohol swabs and skin prep pads
- Glucose monitoring equipment (if applicable)
- Sharps disposal container

The patient must have immediate access to these supplies to ensure proper dosage and to prevent medical emergencies. Please allow the patient to clear security and board with these essential medical items.

If you require further verification or have questions regarding this medical requirement, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]