

Date: [Insert Date]

To: [Airline Name/Transportation Security Administration/Whom It May Concern]

Subject: Letter of Medical Necessity for Portable Dialysis Equipment

To Whom It May Concern,

I am the primary physician for [**Patient Full Name**], Date of Birth: [**DOB**]. This patient has been diagnosed with End-Stage Renal Disease (ESRD) and requires regular life-sustaining dialysis treatments.

Due to this medical condition, it is medically necessary for the patient to travel with their portable dialysis equipment and associated medical supplies. This equipment is a vital medical device and must remain with the patient at all times to ensure continuity of care and to prevent life-threatening complications.

The equipment includes:

- [Insert Model/Name of Dialysis Machine]
- Dialysis solution (fluids)
- Tubing, filters, and cartridges
- Ancillary medical supplies (syringes, gauze, antiseptic)

Under the Americans with Disabilities Act (ADA) and the Air Carrier Access Act (ACAA), this equipment should be classified as a priority medical device. I request that you allow the patient to carry this equipment as an additional piece of essential medical luggage at no extra charge and that it be handled with extreme care to avoid damage.

Should you require further medical verification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]