

Date: [Date]

To: TSA Officials, Airline Personnel, and Relevant Authorities

Subject: Medical Necessity and Travel Clearance for [Patient Name]

To Whom It May Concern,

I am the primary healthcare provider for [Patient Name], Date of Birth: [DOB]. This letter serves as formal medical documentation regarding the necessity of a medical device that must accompany the patient during travel.

Medical Device Information:

Device Name: [Name of Device, e.g., Insulin Pump, CPAP, Oxygen Concentrator]

Model/Serial Number: [Optional - Serial Number]

Required Accommodations:

- The patient must keep this device and related supplies in their carry-on luggage at all times.
- [Optional: The device should not be passed through X-ray machines or CT scanners; a manual hand-check is requested.]
- [Optional: The patient requires access to a power source or extra batteries during the flight.]
- [Optional: This device must remain connected to the patient at all times.]

This equipment is medically necessary for the patient's health and safety. Please allow the patient to proceed through security and board the aircraft with these items in accordance with the Americans with Disabilities Act (ADA) and FAA regulations.

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

Sincerely,

[Doctor Name, MD/DO]

[Medical Facility Name]

[License Number]

[Signature Line]