

Date: [Insert Date]

To: To Whom It May Concern / Airline Special Assistance Department

Subject: Medical Clearance for Portable Oxygen Concentrator (POC) Use

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

This letter serves as medical authorization for the above-named patient to use and transport a Portable Oxygen Concentrator (POC) during air travel and for daily medical needs.

Device Information:

Brand/Model: [Insert POC Make and Model]

FAA Approved: Yes

Medical Requirements:

- The patient requires supplemental oxygen during: [Flight / Ground Transit / All times]
- Flow Rate Setting: [Insert Flow Rate, e.g., 2.0 Liters Per Minute]
- Delivery Mode: [Pulse Dose / Continuous Flow]
- Oxygen requirement during taxi, takeoff, and landing: [Yes / No]

Physician's Statement:

I certify that the patient is physically capable of completing the trip without requiring extraordinary medical assistance. The patient or their travel companion has been instructed on how to operate the device and respond to its alarms. The patient is advised to carry sufficient battery power to cover 150% of the expected flight duration to account for unanticipated delays.

If you require further medical clarification, please contact my office at the number listed below.

Sincerely,

[Physician Signature]

Physician Name: [Insert Name]

Medical License #: [Insert Number]

Phone Number: [Insert Phone]

Clinic Name: [Insert Clinic/Hospital Name]