

Date: [Date]

To: [Airline Name] Medical Clearance Department / Flight Crew

Subject: Medical Authorization for Intravenous (IV) Therapy Equipment

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Passport Number: [Passport Number - Optional]

To Whom It May Concern,

I am the primary physician for the above-named patient. This letter serves as medical authorization for the patient to travel with specialized medical equipment and supplies necessary for Intravenous (IV) Therapy.

The patient requires the following items to be carried in the cabin and used during the flight if necessary:

- [Brand/Model of IV Pump or Infusion Device]
- [Type of IV Fluids/Medication bags]
- IV Start Kits (Including needles, catheters, and syringes)
- Sterile saline flushes and antiseptic wipes
- [Additional Supplies, e.g., batteries, tubing]

Device Specifications:

The IV pump is battery-operated. It uses [Type of Battery, e.g., Lithium-ion] batteries that comply with FAA/EASA safety regulations for air travel. The device does not emit radio frequency interference that would affect aircraft navigation.

Medical Necessity:

It is medically essential for the patient to have uninterrupted access to this equipment for the treatment of [Medical Condition]. This equipment must remain with the patient at all times and should not be checked as hold luggage.

If you require further clinical information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]