

Date: [Insert Date]

To: To Whom It May Concern / Security Personnel / Airline Carriers

Subject: Medical Authorization for Diabetic Supplies and Syringe Transport

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

This letter serves as medical notification that the individual named above is under my care for the management of Diabetes Mellitus. To maintain blood glucose control and ensure medical safety, this patient requires the continuous carriage of essential medical supplies at all times, including during air travel and through security checkpoints.

The patient is authorized and required to carry the following items in their hand luggage:

- Insulin (vials, pens, or cartridges)
- Sterile syringes and/or pen needles
- Insulin delivery system (Insulin Pump) and associated infusion sets
- Continuous Glucose Monitor (CGM) and sensors
- Blood glucose meter, test strips, and lancets
- Blood ketone monitoring system
- Glucagon emergency kit
- Fast-acting glucose sources (gels, tablets, or juice) to treat hypoglycemia

Important Handling Instructions:

- Insulin must not be exposed to extreme temperatures or stored in checked luggage.
- Insulin pumps and CGMs should not be passed through X-ray machines or full-body scanners as they may malfunction. A manual pat-down or visual inspection is recommended.
- The patient may need to administer insulin or check blood sugar levels during transit or mid-flight.

If you require further verification, please contact my office at [Insert Phone Number]. Thank you for your cooperation in ensuring the safety and health of this patient.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]