Subject: Medical Necessity Letter

Medical Necessity Letter for Air Travel with Prescription Medication and Medical Supplies

Template - to be completed and signed by the traveler's licensed treating clinician

[Medical Practice or Physician Name]
[Street Address]
[City, State/Province, Postal Code, Country]
Phone: *[Practice Phone Number]*
Email: *[Practice Email Address]*

[Date]

RE: Medical Necessity for Travel with Prescription Medications, Medical Supplies, and Temperature-Controlled Medical Equipment

To Whom It May Concern (Airport Security, TSA, Airline Personnel, and International Customs/Border Authorities):

I am writing as the treating clinician for my patient, *[Patient Full Name]*, Date of Birth: *[MM/DD/YYYY]*, Passport Number: *[Optional]*, to confirm that this patient has a medical necessity to carry prescribed medications, medical supplies, and related equipment in carry-on luggage during air travel and throughout an international trip to *[Destination Country or Countries]*.

Prescription Medications Requiring Special Handling:

- The patient is prescribed medication(s) for one or more documented medical conditions.
- All medications should remain in their original pharmacy-labeled or manufacturer-labeled packaging whenever possible.
- The patient must keep medically necessary medications and related supplies in carry-on baggage and accessible throughout the journey.
- If any prescribed medication requires temperature control, it must be stored according to the manufacturer's instructions and protected from freezing, excessive heat, and direct light.
- The patient may need a medically appropriate insulated travel case, gel packs, and a thermometer or digital temperature sensor to maintain and monitor proper storage conditions.
- *[Treating clinician may add any patient-specific handling instructions here, without including more detail than necessary.]*

Associated Medical Supplies (as applicable):

- Sterile needles and syringes for prescribed medication administration
- Alcohol swabs or other preparation supplies
- Sharps disposal container
- Medical-grade insulated cooling case and permitted cooling packs
- Thermometer or digital temperature sensor
- Any other medically necessary supplies prescribed for this patient

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Summary of Carry-On Medical Items:

- Prescription medications in original pharmacy-labeled or manufacturer-labeled packaging
- Medically necessary administration supplies
- Sharps disposal container, if applicable
- Medical-grade insulated travel case and permitted cooling packs, if required
- Thermometer or digital temperature sensor, if required
- A copy of this letter and copies of active prescriptions or medication documentation

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Travel Itinerary:

The patient will be traveling internationally to *[Destination Country or Countries]* and may be in transit by air, boat, train, and automobile. The patient may need to maintain continuous access to prescribed medication and, when applicable, temperature-controlled storage for the duration of the trip. All medications and supplies described in this letter are for the patient's personal medical use only.

I respectfully request that airport security personnel, airline staff, customs officials, and any other relevant authorities permit my patient to carry these medically necessary items in carry-on baggage and on their person throughout the journey. These items are prescribed or recommended by a licensed treating clinician and are required for the ongoing management of the patient's health condition(s).

Should you have any questions or require verification, please contact my office using the information above.

Sincerely,

[Clinician Signature]
[Clinician Full Name and Credentials]
Medical License Number: *[License Number]*
NPI or Professional Registration Number: *[If applicable]*
Practice Phone: *[Phone Number]*

This template is not valid until completed and signed by the traveler's licensed treating clinician.