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To Whom It May Concern:

\_\_\_\_\_ suffers from \_\_\_\_\_, a chronic medical condition  
(patient full name) (condition)

that requires regular, self-injected treatments. \_\_\_\_\_ has been prescribed  
(patient)

medication(s) by a medical professional. Please allow \_\_\_\_\_ to bring  
(patient)

\_\_\_\_\_ self-injectable medication(s) aboard the airplane.  
(his/her)

Additional information may be obtained from \_\_\_\_\_ at \_\_\_\_\_  
(physician name) (physician phone)

or \_\_\_\_\_.  
(physician fax)

Respectfully signed,

\_\_\_\_\_, M.D.

*[M.D. Office Stamp]*