

**Sample Letter for Use When Carrying Self-Injectable Rheumatoid Arthritis Medications Aboard Commercial Airplanes**

NOTE: Be sure to check with your airline to learn about any specific policies for traveling with medication.

DATE

To Whom It May Concern:

*[PATIENT FULL NAME]* suffers from *[CONDITION]*, a chronic medical condition that requires regular, self-injected treatments. *[PATIENT NAME]* has been prescribed medication(s) by a medical professional. Please allow *[PATIENT NAME]* to bring *[HIS/HER]* self-injectable medication(s) aboard the airplane.

Additional information may be obtained from *[PHYSICIAN'S NAME]* at *[PHONE]* or *[FAX]*.

Respectfully signed,

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

[M.D. Office Stamp]