

(Must be on official letterhead of physician that includes address and telephone number)

Date

To Whom It May Concern:

The injectable prescription medication (insert name of medication) has been prescribed by me for my patient (patient name). (Patient name) must travel with it and the supplies it requires. It requires syringes, alcohol swabs and a sharps disposal container that are supplies associated with this medically necessary liquid medication.

Sincerely,

Sincerely,

(Signature of physician)

(Typed name of physician)