

Letter for Airline and Airport Security Staff

Date: _____

Re: Transport of Medicines

To whom it may concern:

_____ (patient name) is currently a patient in our hemodialysis program and requires injectable medicines to maintain his/her health. This person, parent or caregiver will therefore be carrying one or more of the following items:

- Injectable medicines**
- Disposable needles**
- Biohazard container(s) for waste disposal**

It should also be noted that one or more of these medicines are affected by extreme temperature changes and therefore should not be stored in checked luggage. Please allow this patient to pass through security to board his/her flight with these medications and supplies.

Please feel free to contact our hemodialysis unit if you have any patient specific questions.

Respectfully,

Signature

Name (Print)

Designation (MD, NP, RN, Pharmacist)

Hemodialysis unit telephone number