

Date:

To Whom it May Concern:

Please be advised that I have prescribed (medication name)

for my patient (patient's full name)

..... (medication name) is a self-administered injection
and therefore contains a needle. (medication name)

should be stored in the refrigerator at 2° to 8°C (36° to 46°F). Due to this
requirement, it is necessary that the patient carry this product on their person
(e.g. on board an aircraft, in the car). Cooler bags with ice packs are necessary
to facilitate this storage requirement. My patient is carrying their prescription
medications along with disposable needles and syringes.

To confirm any of the above information, please contact my office directly.

Sincerely,

Dr.

Signature:

Phone:

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