

## **SAMPLE TRAVEL LETTER**

(Print on Physician Letterhead)

Date

To Whom It May Concern,

My patient, (your name and date of birth) has (type 1 or type 2) diabetes and requires the following medications and devices to treat his/her condition:

- (Dexcom, Libre, etc) Continuous Glucose Monitor
- (Tandem, Omnipod, etc) Insulin Pump
- Novalog, Humalog, and Lantus insulin
- Lipitor
- Lisinopril
- Baby Aspirin
- Syringes
- Blood glucose meter and testing supplies which includes lancets (small sharps for drawing blood), a lancet finger stick device and test strips
- Glucagon emergency kit
- Glucose tablets to treat low blood sugar

The above medications and supplies are for the patient's own use and must stay with the patient at all times. Please contact me at (doctor's phone #) if you have any questions concerning this patient's care.

Sincerely,

Doctor's Name  
Clinic Name  
Clinic Address