

[MUST BE PRINTED ON LETTERHEAD]

[EXAMPLE LETTER FOR MEDICAL PRESCRIPTION CARRY]

June 10, 2016

Dear Sir/Madam,

I, John Smith, MD, Medical License No. MD123456 issued by the District of Columbia, am the attending physician and supervise care for Jane Doe (formerly known as John Doe, DOB 01/19/1991).

I have reviewed and evaluated the medical history of Ms. Doe and can attest that she has valid medical prescriptions for the following medication(s):

Spirolonactone, 100mg to be taken once a day orally via pill
Estradiol Valerate, .5mL to be taken once a week intramuscularly via self-injection

Due to the nature of my patient's prescriptions, she is required to self-administer via injection and is thus required to travel with and carry needles and syringes on her person. Additionally, she is required to take daily medication that necessitates carrying her medication at all times.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Sincerely,

John Smith, MD
Staff Physician
Whitman-Walker Health
1701 14th Street, NW
Washington, DC 20009
202-745-7000