**[Doctor's Name]**  
[Clinic or Hospital Name]  
[Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]

**Date:** [Insert Date]

**To Whom It May Concern,**

This letter serves to confirm that **[Patient’s Full Name]**, is being treated for insulin-dependent diabetes. He needs to carry the prescribed insulin injections during his trip. Therefore, it is requested that he be provided with refrigeration facilities onboard his flight for the proper storage of his insulin.

I have attached his medical reports for reference. We trust you to create a safe travel experience for him with your airline.

Thank you for your assistance.

Sincerely,  
**[Doctor’s Signature]**  
**[Doctor’s Printed Name]**  
**[Medical License Number]**