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

**Date:** [Insert Date]

**To Whom It May Concern,**

I am writing to request that you accommodate my health needs during my flight with your airline scheduled for (date). I have diabetes and often develop a sudden drop in my blood sugar level that may be life-threatening. I, therefore, request your in-flight medical assistance in case of the mentioned emergency.

Additionally, may I please be allowed to carry my diabetes medication on the flight? I have attached the doctor’s prescription and my medical reports for your reference.

I shall be deeply grateful to you for your support and assistance.

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