

Sucraid[®]

(sacrosidase) Oral Solution

Letter of Medical Necessity for Travel

Date: _____

To Whom It May Concern:

Patient Name: _____

Patient DOB: _____

The patient named above, _____, is under my medical care. This patient takes Sucraid[®] (sacrosidase) Oral Solution with meals and snacks.

It is my understanding that the United States Transportation Security Administration permits prescription liquid medications and other liquids needed by persons with disabilities and medical conditions. This includes all prescription and over-the-counter medications. This also includes gels or frozen liquids needed to cool disability or medically-related items used by persons with disabilities or medical conditions.

In my professional opinion, it is medically necessary for the above named patient to travel with Sucraid[®] and any necessary cooling devices at all times.

Sucraid[®] can go through the x-ray machine as part of the security process without any efficacy concerns. Thank you,

Healthcare Provider Signature