



## ENDOCRINOLOGY & DIABETES PROGRAM

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_ Nurse: \_\_\_\_\_

### ENDOCRINE TRAVEL LETTER

To Whom It May Concern:

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has an endocrine (hormone) condition. He/she must therefore carry medication, needles and/or syringes in his/her possession at all times while travelling for the administration of his/her medication. Please note that this medication may be temperature-sensitive and need to be kept chilled using a cooler or cold pack while travelling. If you have any questions about the validity of this medication, please do not hesitate to contact our clinic.

Thank you for your attention.

Yours truly,

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Pediatric Endocrinologist