

[Doctor's Name]
[Address]
[City, State Zip Code]
[Phone Number]

[Date]

To whom it may concern:

[Insert Student Legal Name] is a patient under my care who will be traveling abroad to complete a course of study. The patient will be traveling with the following prescribed medication:

- [Medication name, including generic or alternate names] at [insert dosage] [insert frequency] to treat [insert condition]. This prescribed medication is medically necessary for the patient's ongoing care and wellbeing and is for personal use only.
- *Repeat above bullet as many times as necessary.*

Sincerely,

[Insert Doctor's name and signature]