Date

**From:**

Dr’s name

Address

City State Zip

**To:**

Transport Security Administration

***Re: 3-1-1 Liquids Rule Exemption Request***

Dear TSA Agent:

My patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, uses medically necessary ocular prosthetic devices. These devices require the use of certain solutions, most of which are not sold locally.

Please exempt my patient from the 3-1-1 Liquids Rule so they can travel with the quantity of solutions they require for the duration of their trip. If their luggage were to be lost, they would likely be unable to replace these medically necessary solutions, which would result in serious hardship.

Here are the specific products they may be traveling with:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Preservative-free saline solution)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Multi-purpose solution)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hydrogen peroxide 3% disinfection solution)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other

Sincerely,

Doctor’s name