**DATE**

**Example of a Travel Letter

Re: [PATIENT NAME]**DOB:

To Whom It May Concern:

***[PATIENT NAME]*** is followed by the [**name**] Metabolic Clinic for very long-chain acyl-CoA dehydrogenase deficiency (VLCADD), a metabolic disorder causing impaired breakdown of long-chain fats for energy. This disorder requires **him/her** to follow a diet low in long-chain fats and take several important supplements [***list supplements here]*** and medications [***list medications here]***. These medications and supplements must be taken daily and are essential to the treatment of VLCAD deficiency, and [***PATIENT NAME]*** must be allowed to travel with these supplies.

***[PATIENT NAME]*** may be travelling with the following items:

***Adjust supplements/medications to individualize letter to the patient.***

* **Portagen**, a powdered formula rich in medium-chain triglycerides. This provides an important source of nutrition and energy for [PATIENT NAME].
* **MCT oil**, a second source of medium-chain triglycerides which [PATIENT NAME]’s body can use for energy.
* **Flaxseed oil**, a source of essential fatty acids, which is required to prevent essential fatty acid deficiency (a common complication of diets restricted in long-chain fats).
* **Creatine**, a powdered medication which [PATIENT NAME] must take daily.
* **Taurine**, a powdered medication which [PATIENT NAME] must take daily.
* **Carnitine**, a medication in either tablet or liquid form that [PATIENT NAME] must take daily.

**We kindly request that you provide [PATIENT NAME] with assistance while traveling and allow *him/her* to carry his medically necessary supplies (list supplies here) with *him/her* while *he/she* travels.**
These medical supplies are not readily available or replaceable; therefore, the family must try to avoid any loss of supplies while traveling away from home. If you have any questions, please consult [NAME] ([PATIENT]’s mother) or call us for more information at [**phone**}. Thank you for your assistance to this family.

Sincerely,

Division of Medical Genetics

(xxx) xxx-xxxx