

CERTIFICAT MÉDICAL À PRÉSENTER AUPRÈS DES AUTORITÉS COMPÉTENTES



TRAVEL LETTER FROM TREATING DOCTOR

To whom it may concern:

[patient's name]

This patient has a bleeding disorder called

indicating a deficiency (and/or malfunction) of factor

The patient is well known to me. If internal or external bleeding occurs, the patient responds well to early selfinfused transfusions of anti-hemophilic factor concentrates, preferably

[name of concentrate]

[patient's name]

judgement as to when these products should be used and as to the quantity may be relied upon.

Yours truly,

[doctor's signature, name, position]



Vous trouverez d'autres formulaires utiles à l'adresse suivante : myhaemophilie.ch

Un service fourni par Takeda Pharma AG, 8152 Opfikon