

ARZTBESCHEINIGUNG

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]



Weitere hilfreiche Formulare unter [myhaemophilie.ch](https://www.myhaemophilie.ch)

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