MEDICAL TRAVEL NEEDS

Letter from physician

Date:

Re: (Patient's Name)

To Whom It May Concern:

(Patient's Name) is a patient under my care.

This patient is receiving _____ .

It is necessary for this patient to carry the following medication to help prevent Hereditary angioedema (HAE) attacks:

The patient may also carry the following supplies needed for the administration of the medication:

If you have any questions regarding this patient's condition or medication, please contact me at:

(Doctor's Name)

(Medical Center Name)

(Phone Number)

Sincerely,

(Doctor's Signature)

Takeda

מוגש כשירות לציבור בחסות חברת טקדה | טקדה ישראל בע"מ
אפעל 25, פתח תקווה 4951125 ישראל | טלפון: 03-3733140
C-APROM/IL/TAKH/0087 | JULY 2023