

Sample Patient Travel Letter from Doctor

Date

To Whom It May Concern:

(RE: Patient's name)

This patient has a blood disorder called _____ indicating a deficiency (*and/or malfunction*) of factor _____. S/he is well known to me. If internal or external bleeding occurs, the patient responds well to early self-infused transfusion of anti-hemophilic factor plasma-derived or recombinant concentrates, specifically* _____.

You may rely upon _____'s (*patient's name*) judgment as to when treatment should be used and as to the quantity.

Yours truly,

(Doctor's signature name, position)

*If you can also try to list the following specific information about the treatment:

- the fact that diluent water, needles and syringes are required to infuse the product
- the fact that the person needs to carry the product at all times for medical reasons
- that, for reasons of asepsis, the product must not be opened until needed