### 「旅行先の医療施設などに示す証明書のサンプルレター

# To Medical Service Providers:

The patient named below has hemophilia, which is a congenital bleeding disorder due to coagulation factor deficiency. In case of internal bleeding or traumatic bleeding, prompt self-injection of coagulation factor drug is required. Please provide appropriate treatment based on the below patient information.

Patient's name: Ichiro SuzukiDisease: Hemophilia ADeficient coagulation factor: Factor VIIISeverity: SevereCoagulation factor activity level: <1%</td>Drug in use: Recombinant coagulation factor VIII productKnown allergies to drugs: NoneDate of birth: April 17, 2000Blood type: BBody weight: 52 kgOther important information:No development of inhibitors in the past

- Aspirin-based drugs are contraindicated for the above patient.
- Please refrain from subcutaneous injection and intramuscular injection without using the above coagulation factor drug.

#### Attending Physician in Japan

Physician's signature: 主治医の署名

Physician's name: 主治医の氏名(ローマ字)

Physician's institution and department: 主治医の施設名・科名(ローマ字)

## To Medical Service Providers:

The patient named below has hemophilia, which is a congenital bleeding disorder due to coagulation factor deficiency. In case of internal bleeding or traumatic bleeding, prompt self-injection of coagulation factor drug is required. Please provide appropriate treatment based on the below patient information.

Patient's name:Disease:Deficient coagulation factor:Severity:Coagulation factor activity level:Drug in use:Coagulation factor activity level:Known allergies to drugs:FrankDate of birth:Blood type:Body weight:Cother important information:• Aspirin-based drugs are contraindicated for the above patient.• Please refrain from subcutaneous injection and intramuscular

injection without using the above coagulation factor drug.

#### Attending Physician in Japan

Physician's signature :

Physician's name :

Physician's institution and department :