

Name und Adresse des Arztes/ Doctor's name and address Ort und Datum/ Place and date

To whom it may concern

This is to certify that

Mrs./Mr.

.....,

born on.....,

is an insulin-dependent diabetic patient.

The therapy of the patient includes the injection of insulin and blood glucose monitoring at a regular basis.

To assure the therapy syringes, needles, insulin vials, blood glucose monitoring devices and test strips are required.

Lack of access to these things would threaten the patient's life within a short period of time, and therefore permanent access is necessary.

Name und Unterschrift des Arztes /
Doctor's name and signature