



## PARENTERAL NUTRITION

.....  
(date of issue)

### MEDICAL CERTIFICATE

Hereby I certify that my Patient Mrs./Mr. ...., born on .....,  
passport nr ....., personal ID nr ....., requires specialized nutrition support  
**to sustain his life.**

She/he has a central venous catheter placed in his chest and sustains his by pumping a nutritional formula through this catheter. This therapy include continuous intravenous infusion of parenteral diets and demands traveling with any combination of the supplies listed below:

- feeding components such as bags, vials that contain vitamins and other additives/flushes,
- intravenous (IV) formula,
- feeding pump, infusion sets etc.,
- syringes, needles,
- tubing, connectors, dressings, disinfectants etc. as well as it demands proper care as far as central venous catheter is considered.

These supplies are medically necessary and will be difficult to obtain while he is away from his local physicians and suppliers; therefore I request that he should be allowed to carry them with her/him.

Please do not hesitate to contact me at ..... if you have any questions or need additional information.  
(phone number)

.....  
(physician's stamp and signature )

