



## ENTERAL 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 an enteral feeding tube placed in her/his ..... and sustains his/her by pumping  
a nutritional formula through this tube. This therapy include continuous enteral infusion of special/industrial  
diets and demands traveling with any combination of the supplies listed below::

- special industrial diets/prepackaged feeds
- feeding pump, infusion sets etc.
- syringes, needles
- supply feeding tube
- dressings, disinfectants etc. as well as it demands proper care as far as feeding tube 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)

Very sincerely,

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

