

PATIENT NAME

PATIENT ADDRESS

RE: *(INSERT PATIENT NAME) of (INSERT PATIENT ADDRESS)*

To whom it may concern,

(INSERT PATIENT NAME) is traveling to *(COUNTRY OF TRAVEL)* on *(INSERT DATES OF TRAVEL)*.

(INSERT PATIENT NAME) is a kidney failure patient under the care of this medical facility and uses Peritoneal Dialysis as a life support system. The following supplies are required for his/her treatment.

(INSERT PRODUCT LIST AS ADVISED BY BAXTER TRAVEL SPECIALIST)

These products have no commercial value and are for the sole use of the patient named in this letter.

Signed,

(INSERT DOCTOR'S SIGNATURE AND DOCTOR'S CONTACT INFORMATION)