

NOME DEL CENTRO _____

DATA _____

To whom it may concern.

This is to certify that Miss/Mister

being affected by insulin-dependent diabetes, requires treatment with an insulin infusion pump.

This treatment must not under any circumstances be interrupted.

Therefore, he/she must carry with him/her at all times all necessary treatment tools (insulin pumps, insulin vial or cartridge, injector device, infusion set, insulin 'pen' or syringes, needles, blood glucose meter with test strips, finger prickers and lancets).

The endocrinologist/diabetologist
