

Request to the Medical Official who Treats This Patient

Mr/Mrs/Ms. _____
(name of patient)

is a patient who has Hemophilia(A or B),
von Willebrand disease, other disease
(_____ (name of disease)).

This patient is being treated at this
hospital. Hemophilia is a type of blood
disorder. Patients with hemophilia do lack
certain coagulation factors and therefore
cannot stop bleeding once it starts. If the
patient comes for examination at your
hospital due to the complaint of bleeding,
please administer (_____ IU)
of this (_____ (Name of preparation(s)))
by intravenous infusion.

Date: Year/ Month/ Day

Name of the attending physician :

Signature of the attending physician :

Name of affiliated institution :

(Block letter)

※海外旅行先などで受診時に必要な文書は、本ページを
参考に各医療施設で作成してください。