

To whom it may concern.

This is to certify that Miss/Mister \_\_\_\_\_

is an insulin-dependent diabetic patient currently treated by insulin pump and occasionally by several subcutaneous insulin injections per day. The pump is absolutely necessary for the treatment of diabetes and must be worn 24 hours/day.

Therefore she/he always has to carry with her/him the following items: insulin syringes, insulin vials or disposable insulin pens, infusion sets, insulin reservoirs, injector device, batteries, lancets, blood glucose meter, strips for the meter, and urine ketone strips.

Please, for any medical information feel free to contact my health care provider at the following telephone number: \_\_\_\_\_