

Certification

To whom it may concern,

This is a letter to certify that Mr. _____ (birth date: _____) who is my patient, has (Growth hormone Deficiency, Short children born small for gestational age, Turner syndrome, Achondroplasia, Noonan syndrome, Prader Willi syndrome, Chronic renal failure) and is treated with daily self-injection of growth hormone (Norditropin® FlexPro® 5mg • 10mg • 15mg/1.5ml _____ mg injections /day).

The materials including the growth hormone cartridge-pen, needles, which this person is carrying are all necessary for daily life. Your understanding on this matter would be greatly appreciated.

Truly yours,