



To whom it may concern:

This letter is to confirm the need for Mr./ Ms. _____ medication and supplies related to the administration of this medication. Mr. / Ms. _____ has a diagnosis of _____. This condition does not allow a person with _____ to produce an effective clot after trauma. This causes prolonged bleeding that must be treated as soon as possible. This requires Intravenous administration of _____ product. Mr./ Ms. _____ also needs to carry the related supplies, including butterfly needles, sharps containers and other supplies to safely and effectively administer this life saving medication. Mr./ Ms. _____ needs to have immediate access to this medication at all times. This medication also has certain storage parameters that are clearly stated on the manufacture's insert within the box containing the medication. These parameters must be followed, or damage to this product may occur. This is not only a lifesaving medication; it is also extremely expensive medication. Medications for treatment of the medical condition also may include the need for narcotic and non- narcotic analgesics to control chronic pain associated with insults to the body as a result of bleeding episodes that occur with this condition. The following narcotic analgesic(s) have been prescribed for chronic pain _____, _____.

Should you require further information please contact the Care for Life offices at 1.800.542.7175. Our clinical staff is available 24 hours/day, 7 days/week.

Thank You,

John Calcagno RN. , DNS
Director of Nursing
Care for Life