[naam zorgverlener]

[AGB code]

[adresgegevens]

[plaats], [datum]

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject:** |  |  |  |
|  | Name patient | : | [naam patiënt] |
|  | Date of Birth | : | [dag] /[maand] / [jaar] (dd/mm/YYYY)  |
|  | Passport # | : | [paspoortnummer] |
|  |  |  |  |
|  | Name Doctor | : | [naam arts] |
|  | Name Pharmacy | : | [naam apotheek] |

To whom it may concern,

I hereby state that [naam patiënt] suffers from [aandoening]. He/she uses the following prescribed medication to relieve his/her symptoms:

* [voorgeschreven geneesmiddel, international benaming van de stof, gebruikershoeveelheid en gebruiksinterval]

[ondertekening, stempel van de arts]