



VIVISOL

Home Care Services

TO WHOM IT MAY CONCERN

Concerned patient:

Date: / /

Dear Madam, Dear Sir,

This is to certify that the equipment: Type:

Serial Nr:

The use of this device is mandatory to maintain a normal health status.

This equipment is for personal use only and is not to be traded commercialy.

Yours sincerely,

Signature / Stamp of a Physician