

## Letter from Physician: *Medical Travel Needs*

Date:

Re:  (Patient's Name)

To Whom It May Concern:

is a patient under my care for the management of hereditary angioedema (HAE), a rare, potentially life-threatening genetic disorder.

This patient has been prescribed TAKHZYRO™ (lanadelumab-flyo) and it is medically necessary for them to carry some or all of the following medication supplies:

- |  |   |
|--|---|
| <input type="checkbox"/> Vials of TAKHZYRO (300 mg/2 mL) | <input type="checkbox"/> Cold packs   |
| <input type="checkbox"/> Empty 3 mL syringes             | <input type="checkbox"/> Alcohol wipes  |
| <input type="checkbox"/> 18G transfer needles            | <input type="checkbox"/> Bandages   |
| <input type="checkbox"/> 27G ½-inch injection needles    | <input type="checkbox"/> Medical waste disposal bag, for safe disposal of administration supplies |

If you have any questions regarding this patient, please contact me at:

(Doctor's Name)

(Practice Name)

(Practice Phone Number)

Sincerely,

(Doctor's Signature)

