

Medical Certificate

These medicines should always be carried in case of the disease *Morbus Wilson*:

- _____
- _____
- _____

Please allow these to be taken along during the air travel and the security check as well as custom clearance.

Patient:

Name:

Date of Birth:

Address:

Postal Code/Place:

Telephone:

Doctor in charge of this patient:

Name:

Address:

Postal code/Place:

Telephone:

Stamp/Signature:

Place und Date: