

To Whom It May Concern:

_____ [patient's name] is my patient. He/she has a bleeding disorder called _____ [type of bleeding disorder]. This condition is characterized by episodes of prolonged bleeding due to the blood's inability to form a stable clot.

In order to treat and control these bleeding episodes, _____ [patient's name] has been trained to self-infuse clotting factor medication. **It is imperative that he/she have quick access to a supply of clotting factor**, as well as needles and syringes used to infuse the factor. If _____ [patient's name] experiences a major bleeding episode, he/she will need to be infused with _____ units of _____ [factor product name]. _____ [patient's name] should carry these medical supplies with him/her at all times. He/she should also carry ice packs, as factor needs to be refrigerated.

If _____ [patient's name] is in a serious accident, or is experiencing a bleed, please administer the clotting factor as prescribed before going on to treat other medical conditions (except for life-saving measures). The half-life of factor VIII medication is 10 to 12 hours, and the half-life of factor IX medication is 18 to 24 hours, so the infusion will need to be repeated in 12 to 24 hours for serious bleeding episodes.

In case of a head injury, infuse the factor first, then order a CAT scan. After the factor has been infused and a CAT scan has been performed, please contact me at _____ with information regarding this patient, in order to consult about the ongoing plan of care. Should _____ [patient's name] need more clotting factor than he/she is carrying, you may call CVS Specialty™, my patient's home care provider, at **1-866-RxCare-1 (1-866-792-2731)**. You can call any time, day or night.

Please call me at the first opportunity for consultation, additional information and follow-up concerning this patient. Thank you for your care and concern.

Sincerely,

Dr. _____

Address 1: _____

Address 2: _____

City/State/ZIP: _____

Phone: _____