

Date: _____

To Whom It May Concern

Mr/Ms/Mrs _____ is a patient who has been prescribed Etanercept (Enbrel), which he/she takes as a self administered subcutaneous injection every week.

As Mr/Ms/Mrs _____ is travelling by air, he/she has been instructed to carry his/her Enbrel injections with him/her personally to ensure continuity of treatment and maintain an optimum cold chain of the medication via an ice pack.

If you have any questions or queries, please feel free to contact us at the telephone numbers given below.

Yours sincerely

Health Care Professional Details: _____

Contact Numbers: _____

This template has been produced by Pfizer NZ for use by healthcare physicians treating patients with Enbrel.

Further information on ENBREL is available from www.medsafe.govt.nz or Pfizer New Zealand Ltd, PO Box 3998, Auckland 1140, New Zealand, www.pfizer.co.nz. Or www.enbrel.co.nz
Ph. 0800 736 363. P7990