



מרכז שניידר לרפואת ילדים
مركز شneider لطب الاطفال
Schneider Children's Medical Center



THE INSTITUTE FOR ENDOCRINOLOGY AND DIABETES
NATIONAL CENTER FOR CHILDHOOD DIABETES
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Date: _____

TO WHOM IT MAY CONCERN

This is to confirm that _____ born __/__/__ is
under our care because of Growth Hormone deficiency.

He/she is treated with by daily Growth Hormone (GH) injections _____ mg/d.
The Growth Hormone (is _____ preparations.

He/she should have in his/her possession: ampules of GH, needles and an
injection pen.

Sincerely,

Institute for Endocrinology & Diabetes
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