------------------------------------Certificate for Personal Use of Medication-------------------------------------

Patient’s Name:

Date of birth:

Age:

Gender:

Address:

 This certificate is to confirm that I prescribed “EpiPen® Injector [ ]  0.3 mg or [ ]  0.15 mg” to this patient for the treatment of his/her anaphylactic reaction due to [ ] foods(     )/[ ] insect stings/[ ] drugs and or [ ] others      .

 I would like him/her to keep this medication for necessary use.

Date:

Physician’s signature:

Physician’s name (Print):

Occupation:

Institution/Department: Department of Pediatrics, XXXXX hospital

Address: xxxxx, xxx City, 123-456, Japan

TEL/FAX: +81-xx-xxx-xxxx / +81-xx-xxx-xxxx

------------------------------------Certificate for the Personal Use of Medicine-------------------------------------

**記入例**

Patient’s Name: Genki Itsumo

Date of birth: Jan. 1 2016

Age: 3 years old

Gender: Male

Address: 123-4 Nagata-cho, Chiyoda-ku, Tokyo 100-9876, Japan

 This is confirm that I prescribed “EpiPen® Injector [ ]  0.3 mg or [x]  0.15 mg” to this patient for the treatment of his/her anaphylactic reaction due to [x] foods(hen’s egg, cow’s milk, and wheat)/[ ] insect stings/[ ] drugs and or [ ] others      .

 I would like him/her to keep this medication on him/her for use as necessary.

Date: Feb. 2 2019

Physician’s signature: Hanako Sato

Physician’s name (Print): Hanako Sato

Occupation: Director

Institution/Department: Department of Pediatrics, Sakuragaoka Municipal Hospital

Address: 1-1 Sakuragaoka City, 123-456, Japan

TEL/FAX: +81-3-6806-0203 / +81-3-6806-0204