

To whom it may concern,

<Patient Name>

The above individual has been diagnosed with a medical condition which is treated by a Positive Airway Pressure (PAP) device at night. It is therefore necessary for them to take the device with them whenever away for one night or more.

The medical device consists of a flow generator, tubing, interface and headgear.

It is necessary to carry the equipment as hand luggage.

Confirmation by the Manufacturer

<Device Name> <Serial Number>

We confirm that the above named device is a medical device for respiratory therapy.
Because it contains no gas or liquid, there is no danger when transported in
switched-off and unchanged condition

We thank you for your co-operation.

Yours faithfully,

Sleep Support Team
For and on behalf of Philips Home Healthcare Solutions

Tel: 0800 652 0303

Philips Healthcare, Chichester Business Park, City Fields Way,
Tangmere, Chichester, West Sussex, PO20 2FT UK

Philips Electronics UK Ltd. Registered in England No. 446897
Registered Office: Philips Centre, Guildford Business Park, Guildford, Surrey, GU2 8XH
www.philips.com/respironics

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