

On official letterhead

Date

Re: Name of patient ; Date of Birth: xxxxxx
Address

To whom it may concern:

Please be advised that xxxxx has Addison's disease (primary adrenal insufficiency), a very serious medical condition, requiring regular daily dosing of corticosteroid medications. This condition may necessitate the need for intra muscular injection of medication via needle and syringe. Failure to receive his required medication may be fatal.

He/She requires cortisone for the management of this condition, as well as fludrocortisone (Florinef). xxx is currently on: (Insert correct medications and dosages)

- 30 mg Cortef
- 0.1 mg Florinef

(alternate version)

Because of his/her condition, s/he may have on his/her person the following:

- Hydrocortisone tablets (Cortef): S/He currently takes 30 mg
- Fludrocortisone (Florinef): S/He currently takes 0.1 mg per day
- Solu-Cortef emergency kit, including syringes.

Mr./Mrs./Ms. XXX requires urgent treatment for adrenal crisis in case of an emergency, or if he/she develops severe vomiting or dehydration, as he/she does not have the normal stress response of increased cortisol secretion.

Because of the lack of adrenal hormones she/he will be unable to respond to stressful situations such as infections that interfere with taking regular medication, trauma, or surgery, and must receive intravenous solu-cortef and saline. As well, in case of an emergency, this person will need immediate intravenous cortisone and saline.

Should he/she present to a hospital emergency room, he/she requires immediate intravenous normal saline at a rate of 250-500 ml/hour and immediate intravenous hydrocortisone 100 mg IV Q8H. This is generally tapered to 50 mg Q8H for 24 hours and the standard oral cortisone dosage can be resumed on the third day if his/her condition is improved.

There are no specific laboratory tests that will help in determining the need for steroid replacement and the solu-cortef and saline should be given without delay while she/he is undergoing investigation for other medical conditions.

If you have any questions or concerns please feel free to contact (Name of doctor of medical center) at the above noted address and phone number.

Sincerely,

Name, credentials and signature of doctor