

Travel certificate



Personal

Name:

Address:

Passport no.:

Signature:

Medical

Doctor's name:

Surgery address:

Doctor's signature:

Date:

Supplies

Catheters

Ostomy supplies

Sheaths

Anal plugs

Other (please specify):

Official notice

The holder of this card has a condition, which requires them to carry medical supplies such as Catheters, Ostomy supplies, Sheaths or Anal plugs.

These products are essential for the holder to manage their condition and should not be taken away from this person. Please be aware that they are also likely to be carrying additional supplies of products in their main luggage.

Please be sympathetic to the cardholder and allow them to progress.

Thank you for your assistance.



Phone:

Healthcare professionals:
0344 225 1518

Patients & carers:
0344 225 1519

Email:

hello@myvyne.co.uk

Address:

Vyne
Tennant Hall, Blenheim Grove
Leeds, West Yorkshire
LS2 9ET, United Kingdom



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