

Primärvårdens dietistenhet

Västra Götalandsregionen

2021-08-04

## Certificate Enteral nutrition

This is to certify that this patient of mine Nathalie Mathiasson in consequence of her illness is in daily need of enteral nutrition.

For her/his stay on board she/he needs to bring XXXXX.... ml XXXXXX.....extra as meal replacements.

For her/his stay in XXXX.... she/he needs XXXXXXXX (ange intag per dag, inkl produktnamn) a day.

If there are any questions please don't hesitate to contact me.

Best regards

Namn och underskrift

Licensed dietitian

Primärvårdens dietistenhet

Telephone number: +46 xxxxx

Regionhälsan

Västra Götalandsregionen

Skärgårdsgatan 4, plan 2

414 51 Göteborg

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