

Pulmonary and Allergy Institute  
Telefax: 03-9377122  
e-mail: pulm@netvision.net.il

Date: \_\_\_\_\_

To Whom it May Concern,

**Re: C-PAP Machine (Medical Equipment)**

Mr./ Mrs \_\_\_\_\_

Passport no. \_\_\_\_\_

This is to certify that the above named has been diagnosed in our sleep

Laboratory as suffering from Sleep Apnea Syndrome.

In order to treat this condition we recommend that he/she will use

A C-PAP (Continuous Positive Airway Pressure) device, with a mask, and

Must travel with the device at all times.

Sincerely yours,

Mordechai R. Kramer M.D  
Chief Pulmonary Institute  
Rabin (Belinson) Medical Center

Mordechai R. Kramer M.D.  
Head Pulmonary Institute  
Belinson Hospital  
Rabin Medical Center  
Petach Tikva ISRAEL 49100

מסונף לפקולטה לרפואה ע"ש סאקלר, אוניברסיטת תל-אביב