



Physician Letter Certification of Diagnosis

Physician's Information:

Full Name: _____

Address: _____

Phone Number: _____

Specialty: _____

Medical License: _____

Dear Horizon Pharma CCESP:

This letter is to certify that _____,
(Patient Name) has been diagnosed with **Nephropathic Cystinosis** on
_____, and began treatment on _____.

Sincerely,

Signature

Date

Printed name