Date: [Date]

To: Medical Department, [Cruise Line Name]

Subject: Medical Clearance for Dialysis Patient - [Patient Full Name]

To Whom It May Concern,

I am writing to provide medical clearance for my patient, **[Patient Full Name]** (DOB: [Date of Birth]), to travel on the upcoming cruise departing on [Departure Date] aboard the [Ship Name].

Medical Diagnosis:
The patient has been diagnosed with End-Stage Renal Disease (ESRD) and requires regular maintenance dialysis treatment.

Dialysis Prescription:
Type of Dialysis: [Hemodialysis / Peritoneal Dialysis]
Frequency: [Number] times per week
Duration: [Number] hours per session
Access Site: [Arteriovenous Fistula / Graft / Permcath / PD Catheter]

Current Clinical Status:
The patient is currently clinically stable and is cleared for international travel. Their most recent labs and cardiovascular status are within acceptable limits for travel. There are no active infections or contraindications for this trip.

Equipment and Supplies:
[Select one:]
- The patient will be utilizing the dialysis services provided on board the vessel.
- The patient is performing self-care Peritoneal Dialysis and will have necessary supplies delivered to the ship via [Supplier Name].

Physician Statement:
I certify that this patient is fit to travel and manage their condition during the duration of the cruise. In the event of an emergency, the ship's medical staff should contact [Emergency Contact Name] at [Phone Number].

Please contact my office at [Phone Number] or [Email Address] if you require further documentation or clinical details.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical License Number]

[Clinic/Hospital Name]
[Phone Number]