

Model form of a certificate for the carrying by travellers under treatment of medical preparations containing narcotic drugs and/or psychotropic substances

A. Country and place of issue

Country:
Place of issue: Date of issue:

B. Prescribing physician

Last name, first name:
Address:
Phone: (country code, local code, number)

C. Patient

Last name, first name:
Sex:
Place of birth: Date of birth:
Home address:
Number of passport or of identity card:
Intended country of destination:

D. Prescribed medical preparation

Trade name of drug (or its composition):
Dosage form:
Number of units (tablets, ampoules etc.):
International name of the active substance:
Concentration of active substance:
Total quantity of active substance:
Instructions for use:
Duration of prescription (in days):
Remarks:

E. Prescribing pharmacist

Last name, first name:
Address:
Phone: country code, local code, number.....