

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:.....
Period of validity¹

B. Prescribing physician

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

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. Issuing authority

Official designation (name) of the authority:.....
Address:.....
Phone(country code / local code / number):.....

.....
Official seal of the authority

.....
Signature of responsible officer

¹ A three month period of validity from the date of issue is recommended