

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

A. Country and place of leave

Country:.....

Place of issue:.....Date of issue.....

Period of validity*:.....

B. Prescribing physician

Last name, first name:.....

Address:.....

Phone: country code, local code, number:.....

C. Patient

Last name, first name:.....

Sex:.....

Place and date of birth:

Home address:.....

Number of passport or of identity card:.....

Intended country of destination:.....

Date of entry and departure:.....

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:.....

Duration of prescription in days:.....

E. Issuing authority

The medication has been legally prescribed for treatment purposes. Confiscating/not taking the medication causes a life-threatening condition.

Official designation (name) of the authority:.....

Address:.....

Phone (country code/ local code/ number):.....

Official seal of the authority

Signature of responsible officer

* A three month of validity from the date of issue is recommended