



**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	Period of validity

B. Prescribing physician

Last name, first name	Address	Phone	Number of licence

C. Patient

Last name, first name	Sex	Date of birth	Home address	Number of passport	Intended country of destination

D. Prescribed medical preparation

Trade name of drug	Dosage form	Number of units	International name of the active substance	Concentration of active substance	Total quantity of active substance	Instructions for use

E. Issuing authority

Official designation of the authority	Address	Phone	Official seal of the authority	Signature of responsible officer