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

# Country, date and place of issue

Country: °°°°°

Date and place of issue: °°°°°

Period of validity:[[1]](#footnote-1)\* °°°°°

1. **Prescribing physician**  
   Last name, first name: °°°°°  
   Address: °°°°°  
   Phone (incl. country code): °°°°°  
   GLN (EAN-L­­Code): °°°°°

# 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: °°°°°

# 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 days: °°°°°

# Remarks: °°°°°

1. \* A three month period of validity from the date of issue is recommended. [↑](#footnote-ref-1)