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): °°°°°

# PatientLast 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 preparationTrade 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)