

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

A. Country, date and place of issue

Country:

Date and place of issue:

Period of validity:*

B. Prescribing physician

Last name, first name:

Address:

Phone (incl. country code):

GLN (EAN-LCode):

C. Patient

Last name, first name:

Sex: m

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:

Source: United Nations Office on Drugs and Crime

“Guidelines for National Regulations Concerning Travellers under Treatment with Internationally Controlled Drugs”

Concentration of active substance:

Total quantity of active substance:

Duration of prescription days:

Remarks: