| COUNTRY: Ascension Island   | ls        |  | (date:              | 28 September 2016  | ) |
|---|-----------|--|---------------------|--|---|
| Documentation required  (i.e. issued/endorsed by medical practitioner or authorized health authority) |           | Restrictions (i.e qualitative and/or quantitative) |                     | National Competent Authority<br>(to be contacted for more detailed<br>information) |   |
| a) Valid medical prescription   |           | Days /   | Quantities/Doses    | Name:  |   |
| b) Doctor's certificate endorsed by the health author<br>the country of residence                     | rities of | Narcotic drugs                                     |                     | Dr W. Hardy  |   |
| c) Certificate issued by the health authorities of the of destination                                 | country   | Psychotropic sub                                   | 3 doses             | Address:  Georgetown Hospital Ascension Island South Atlantic                      |   |
| d) Presentation of the original prescription at the Cu<br>of the country of destination               | ustoms    |  | 3 doses             | Tel.: 00247 66010  |   |
| e) Other kind of documents, if yes, please indicate  _Covering letter by prescribing doctor           | Х         | List of prohibited please specify                  | substances. If yes, | Fax: 00247 66011 e-mail:   |   |
|   |           |  |                     | smo.hospital@ascension.gov.ac  |   |
|   |           | Other information                                  | า                   |  |   |