

Country		(date: _____)			
Documentation required (i.e. issued/endorsed by medical practitioner or authorized health authority)		Restrictions (i.e qualitative and/or quantitative)		National Competent Authority (to be contacted for more detailed information)	
a) Valid medical prescription <input type="checkbox"/>		Days / Quantities/Doses		Name: Address: Tel.: Fax: e-mail:	
b) Doctor's certificate endorsed by the health authorities of the country of residence <input type="checkbox"/>		Narcotic drugs <input type="checkbox"/>			
c) Certificate issued by the health authorities of the country of destination <input type="checkbox"/>		Psychotropic substances <input type="checkbox"/>			
d) Presentation of the original prescription at the Customs of the country of destination <input type="checkbox"/>		List of prohibited substances. If yes, please specify			
e) Other kind of documents, if yes, please indicate <input type="checkbox"/>		_____			
_____		_____			
_____		Other information			