

Country: Republic of Armenia (date: 2 August 2013)																													
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)																											
<p>a) Valid medical prescription <input type="checkbox"/></p> <p>b) Doctor's certificate endorsed by the health authorities of the country of residence <input type="checkbox"/></p> <p>c) Certificate issued by the health authorities of the country of destination <input type="checkbox"/></p> <p>d) Presentation of the original prescription at the Customs of the country of destination <input type="checkbox"/></p> <p>e) Other kind of documents, if yes, please indicate <input type="checkbox"/></p> <p>A completed declaration, submitted at the customs office, giving the quantity and name of the narcotic drugs or psychotropic substances concerned.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Days</th> <th style="text-align: center;">/</th> <th style="text-align: center;">Quantities/Doses</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">Narcotic drugs</td> </tr> <tr> <td colspan="3" style="text-align: center;">Ten narcotic drugs, in three retail forms.</td> </tr> <tr> <td colspan="3" style="text-align: center;">Psychotropic substances</td> </tr> <tr> <td colspan="3" style="text-align: center;">Ten psychotropic substances, in three retail forms.</td> </tr> <tr> <td colspan="3">List of prohibited substances. If yes, please specify</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">Other information</td> </tr> </tbody> </table>	Days	/	Quantities/Doses	Narcotic drugs			Ten narcotic drugs, in three retail forms.			Psychotropic substances			Ten psychotropic substances, in three retail forms.			List of prohibited substances. If yes, please specify			_____			_____			Other information			<p>Name: Ministry of Health</p> <p>Address: Pravitelstvenny Dom No. 3 0010 Yerevan</p> <p>Tel.: + 374-10-52-27-21</p> <p>Fax:</p> <p>E-mail: a.mkrtych@moh.am hasmikm@pharm.am</p>
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