


Country REPUBLIC DEMOCRATIC OF TIMOR LEST (date: 12 - AUGUST 2014 )		
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 checked="" type="checkbox"/>	Days 30 / Quantities/Doses	Name: ANTONIO OAU1
b) Doctor's certificate endorsed by the health authorities of the country of residence <input checked="" type="checkbox"/>	Narcotic drugs <input checked="" type="checkbox"/>	Address: DEPARTMENT OF PHARMACY MINISTRY OF HEALTH CAICOLI - DILI
c) Certificate issued by the health authorities of the country of destination <input checked="" type="checkbox"/>	Psychotropic substances <input checked="" type="checkbox"/>	Tel: +670 78003441 Fax: - e-mail: antoniosames@gmail.com
d) Presentation of the original prescription at the Customs of the country of destination <input checked="" type="checkbox"/>	List of prohibited substances. If yes, please specify _____ _____	12. AUGUST 2014  ANTONIO OAU1
e) Other kind of documents, if yes, please indicate _____ _____	Other information _____ _____	