

<b>Country: Belize (date: 18 June, 2014)</b>		
<b>Documentation required (i.e. issued/endorsed by medical practitioner or authorized health authority)</b>	<b>Restrictions (i.e. qualitative and/or quantitative)</b>	<b>National Competent Authority (to be contacted for more detailed information)</b>
a) Valid medical prescription <input checked="" type="checkbox"/>	Days / Quantities/Doses	Name: Director of Health Services
b) Doctor's certificate endorsed by the health authorities of the country of residence <input type="checkbox"/>	Narcotic drugs <input type="checkbox"/> 30 days	Address: Third Floor East Block Building, Belmopan
c) Certificate issued by the health authorities of the country of destination <input checked="" type="checkbox"/>	Psychotropic substances <input type="checkbox"/> 30 days	Tel.: 822 0809 (501)
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	Fax: 822 2942 (501)
e) Other kind of documents, if yes, please indicate <input type="checkbox"/> _____ _____	_____ _____ Other information	E-mail: dhs@health.gov.bz