**PRILOG**

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| **Potvrda za nošenje lijeka koji sadrži drogu/ili psihotropne tvari u svrhu liječenja**(SCH/Com-ex (94) 28 rev.) |
|  \_\_\_\_\_\_\_\_\_\_\_                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1)(Država)                                                   (Grad)                                    (Datum) |
| **A) Liječnik koji izdaje potvrdu:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)(Prezime)                                                 (Ime)                                                                    (Telefon)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3)(Adresa)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4)(Pečat) (Datum) (Potpis liječnika) |
| **B) Pacijent:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(5)                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6)(Prezime) (Ime)                                                                         (Broj putovnice ili osobne isprave)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(7)                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8)(Mjesto rođenja)                                                                                         (Datum rođenja)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9)                                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (10)(Državljanstvo)                                                                                                   (Spol) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (11)(Adresa)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(12)                                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (13)(Trajanje putovanja u danima)                                         (Valjanost odobrenja od/do – najduže 30 dana) |
| **C) Propisani lijek:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(14)               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (15)(Zaštićeni naziv ili posebni pripravak)                                                    (Način doziranja)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(16)                     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (17)(Međunarodni naziv djelatne tvari)                                                (Koncentracija djelatne tvari)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(18)                            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (19)(Uputa za primjenu)                                                                       (Ukupna količina djelatne tvari)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (20)(Trajanje recepta u danima – najduže 30 dana)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (21)(Primjedbe) |
| **D) Nadležno tijelo:**Ministarstvo zdravstva/Ministry of Health                                                                                         (22)(Institucija)Ksaver 200A, 10000 Zagreb, Croatia                     +385 1 4607 508/ + 385 1 4677 105 (23)(Adresa)                                                                  (Telefon/Telefax) |

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| **Certification to carry drugs and/or psychotropic substances for purpose of medical treatment – Article 75 of the Schengen Convention**1) Country, town, date**A) Prescribing doctor**2) Name, first name, phone3) Address4) Where issued by a doctor: doctor´s stamp and signature**B) Patient**5) Name, first name6) No. of passport or other identification document7) Place of birth8) Date of birth9) Nationality10) Sex11) Address12) Duration of travel in days13) Validity of authorisation from/to – max. 30 days**C) Prescribed drug**14) Trade name or special preparation15) Dosage form16) International name of active substance17) Concentration of active substance18) Instruction for use19) Total quantity of active substance20) Duration of prescription in days – max. 30 days21) Remarks**D) Accrediting authority**22) Name of institution23) Address, phone, telefax | **Certificat pour le transport de stupèfiants et/ou de substance psychotropes á des fins thérapeutiques – Article 75 de la Convention d'application de l'Accord de Schengen**1) pays, délivré á, date**A) Médecin prescripteur**2) nom, prénom, teléphone3) adresse4) en cas de delivrance par un médecin: cachet, signature du médecin**B) Patient**5) nom, prénom6) no du passeport ou du document d'identité7) lieu de naissance8) date de naissance9) nationalité10) sexe11) adresse12) durée du voyage en jours13) durée de validité de l'autorisation du/ au – max. 30 jours**C) Médicament prescrit**14) nom commercial ou préparation spéciale15) forme pharmaceutique16) dénomination internationale de la substance active17) concentration de la substance active18) mode d'emploi19) quantité totale de la substance active20) durée de la prescription en jours – max. 30 jours21) remarques**D) Autorité qui authentific**22) désignation23) adress, téléphone, fax |