**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, phone  3) Address  4) Where issued by a doctor: doctor´s stamp and signature  **B) Patient**  5) Name, first name  6) No. of passport or other identification document  7) Place of birth  8) Date of birth  9) Nationality  10) Sex  11) Address  12) Duration of travel in days  13) Validity of authorisation from/to – max. 30 days  **C) Prescribed drug**  14) Trade name or special preparation  15) Dosage form  16) International name of active substance  17) Concentration of active substance  18) Instruction for use  19) Total quantity of active substance  20) Duration of prescription in days – max. 30 days  21) Remarks  **D) Accrediting authority**  22) Name of institution  23) 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, teléphone  3) adresse  4) en cas de delivrance par un médecin: cachet, signature du médecin  **B) Patient**  5) nom, prénom  6) no du passeport ou du document d'identité  7) lieu de naissance  8) date de naissance  9) nationalité  10) sexe  11) adresse  12) durée du voyage en jours  13) durée de validité de l'autorisation du/ au – max. 30 jours  **C) Médicament prescrit**  14) nom commercial ou préparation spéciale  15) forme pharmaceutique  16) dénomination internationale de la substance active  17) concentration de la substance active  18) mode d'emploi  19) quantité totale de la substance active  20) durée de la prescription en jours – max. 30 jours  21) remarques  **D) Autorité qui authentific**  22) désignation  23) adress, téléphone, fax |