

# Medicine Certificate

日/月/年

To whom it may concern:

This is to certify that 名 前 carries the following medicines for 診 断 名.

Medicine list: 記入例

1. Epinastine Hydrochloride tablets 10mg “pfizer” (薬剤名)  
One tablet daily (before bed time) for 30days (用法用量)  
It is a type of antihistamine. (薬効)
2. Montelukast chewable tablets 5mg “Takata”  
One tablet daily (before bed time) for 30days  
It is a type of leukotriene receptor antagonist.

I hereby certify as following;

- 1) Above items DO NOT contains narcotics.
- 2) These medicines are prepared under physician' s prescription.
- 3) These are solely for his personal use during his trip, and are not for sale or other purposes.

Pharmacist' s signature: 薬剤師のサイン(手書き)

店舗名 Pharmacy

Pharmacist: 薬剤師氏名

Address: 6-13-3 Kameido, Koto-ku, Tokyo 136-0071, JAPAN(住所)

Tel: +81-3-5627-8580(電話 +81 のあとは市外局番 0 抜かして)

Fax: +81-3-5627-8581

e-mail: メールアドレス