

Medicine Certificate

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To whom it may concern:

This is to certify that _____ carries the following medicines
for_____.

Medicine list:

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:_____

Pharmacy

Pharmacist:

Address:

Tel:

Fax:

e-mail: