

<b>Ísland</b>	<b>Reykjavík</b>	
Land	Staður	Dags. (1)

**A. Læknir, sem ávísar lyfi**

Eftirnafn	Fornafn	Sími (2)

Aðsetur læknis (3)

Stimpill læknis	Undirskrift læknis (4)

**B. Sjúklingur**

Eftirnafn	Fornafn (5)	Númer vegabréfs (6)

Fæðingarstaður (7)	Fæðingardagur (kt.) (8)

Þjóðerni (9)	Kyn (10)

Heimili (11)

Lengd ferðar (dagar) (12)	Frá	Til
	Gildistími vottorðs (lengst 30 dagar) (13)	

**C. Ávísað lyf**


Lyfjaheiti eða magistrel blanda (14)	Lyfjaform (15)

INN-heiti virks lyfjaefnis (16)	Styrkur virks efnis (17)

Dagskammtur (18)	Heildarmagn virks efnis (19)

Meðferðartími á ferðalagi - mest 30 dagar (20)	Athugasemdir (21)

**D. Útgefandi vottorðs**

 <p><b>Embætti landlæknis</b> Directorate of Health</p> <p>Katrínartúni 2 • IS 105 Reykjavík • Iceland Sími/Tel. (+354) 510 1900 mottaka@landlaeknir.is • www.landlaeknir.is</p>	
(22)	Stimpill og undirskrift (22, 24)

## Bakhlíð Schengen-lyfjavottorðs - Reverse side of the Certificate

Certificate to carry drugs and/or psychotropic substances for the purpose of medical treatment – Article 75 of the Schengen Convention

(1) country, town, date

### A Prescribing doctor

(2) name, first name, tel

(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 identity 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) instructions for use

(19) total quantity of active substance

(20) duration of prescription in days – max. 30 days

(21) remarks

### D Issuing/accrediting authority (delete where not applicable)

(22) name

(23) address, phone

(24) authority's stamp and signature

Certificat pour le transport de stupéfiants et/ou de substances psychotropes à des fins thérapeutiques – Article 75 de la Convention d'application de l'Accord de Schengen

pays, délivré à, date

### Médecin prescripteur

nom, prénom, tél.

adresse

encas de délivrance par un médecin:  
cachet, signature du médecin

### Patient

nom, prénom

n° du passeport ou du document d'identité

lieu de naissance

date de naissance

nationalité

sexe

adresse

durée du voyage en jours

durée de validité de l'autorisation du/au – max. 30 jours

### Médicament prescrit

nom commercial ou préparation spéciale

forme pharmaceutique

dénomination internationale de la substance active

concentration de la substance active

mode d'emploi

quantité totale de la substance active

durée de la prescription, en jours – max 30 jours

remarques

### Autorité qui délivre/authentifie (biffer ce qui ne convient pas)

désignation

adresse, tél.

sceau, signature de l'autorité