

**MINISTRY OF HEALTH**

**PHARMACEUTICAL SERVICES**

#### 1475 LEFKOSIA

**CYPRUS**

**ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ**

###### ΦΑΡΜΑΚΕΥΤΙΚΕΣ ΥΠΗΡΕΣΙΕΣ

**1475 ΛΕΥΚΩΣΙΑ**

**ΚΥΠΡΟΣ**

 REPUBLIC

 OF CYPRUS

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| Our Ref.: Ph.S. 21.6.02.02Our Tel.: +357 22 608 616/672/637Our Fax: +357 22 608 793 |  |

APPLICATION FORM FOR PATIENTS WHO CARRY CONTROLLED DRUGS DURING THEIR HOLIDAY IN CYPRUS

|  |  |
| --- | --- |
| Patient΄s Name |  |
| **Patient΄s Postal Address**Please include postal code |  |
| **Home telephone** |  |
| **Email / Fax** |  |
| **Place of birth**  | **Date of birth** |  |
| **Passport or ID number** |  | **SEX M / F**  |
| **Arrival date in Cyprus** |  |
| **Departure date from Cyprus** |  |
| Drugs  |
| Name  | **Form**e.g tabs, amps | **Strength**e.g mg , mg/ml | **Daily Dose** | **Prescribed Quantity** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

A copy of the prescription stating the name, address, phone and fax number and the doctors number of license must accompany the application form.

Applicants Signature

The above information is necessary to issue a licence to carry dangerous drugs into the Republic of Cyprus