

Medical certificate for carrying medication (pillepas)

Patient`s name			
Date of birth		Place of birth	
Nationality		Sex	
Address			
Passport nummer			
Date of travel days			
Validity of the certificate from: _____ to: _____			

This is to certify that the above named person carries the following medications and utensils, which are for personal use in the treatment of the medical conditions mentioned.

Danish name of medication:			
Medical condition (sygdomstilstand)			
Medication (generic name):			
Pharmaceutical form			
ATC code		Concentration (mg/ml eller tilsvarende):	
Daily use (dosering)			

Denmark - Date:

Prescribing physician (navn og adresse på ordinerende læge):

Official stamp (inkl. navn på lægehus, adresse og tlf):

Physician's signature:
