Ärztliches Attest (Medikamente)

medical certificate (list of daily used medication)

Name des/der PatientIn/Patients name Passport No.

Date of birth ……...

Adress …….

Austria

This is to certify that the above mentioned person carries the listed medications and/or medical equipment exclusively for his/her own personal needs in case of illness or emergency. The amount is adequate to the duration (……days) of the journey (plus a reserve for unexpected events).

Brand name (Handelsname)	**Generic name/agent** (Wirkstoff)	**Total amount** (Gesamtmenge - Stück, ml)	**Daily prescribed dose/on demand** Tägliche Dosierung/bei Bedarf
z.B.: KREON 25 000	Pankreaten	50	on demand

Ort/place …… Datum/date ……..

Unterschrift/Stempel des Arztes/Ärztin/doctor’s signature

cystische fibrose
Mukoviszidose HILFE OÖ