

PERHATIAN PENTING

1. Dokumen identitas pribadi



Poin pertama

Ejaan nama dan informasi harus sama dengan bukti identitas dokumen.

| Catatan 1

2. Resep dokter

一般診斷證明書
CERTIFICATE OF DIAGNOSIS

編號: Certificate No.

姓名 Name	性別 Sex	出生日期 Date of Birth
鄭氏秀紅 Nationality	女 Female	2008/10/01

地址
Address

診斷日期
Date of Examination

診斷
Diagnosis

醫師
Doctor's Comment

醫師院所名稱
醫師專用地址(英文)
Name of Hospital / Department

醫師
Physician

日期
Date

3. Assurance Statement of Drug Application for Personal Use

Assurance Statement of Drug Application for Personal Use

_____ for the reason of personal use, intend to apply for the import of the following drug(s).

(Please indicate item information in details, eg. xxx 200 lab/bottle, 1 bottle)
This Statement, hereby, assures proper utilization of the product in concern.

Note:

- If the product is approved for personal use, it will be subject to regular auditing by the Department of Health and local health authorities.
- Since the product imported is not licensed in Taiwan, drug relief regulation doesn't apply in case of adverse drug reaction. The applicant, as well as prescribing physicians, must be responsible for the safety of the product. Due precaution is advised before making the application.
- The applicant should guarantee strict personal use of the product which is not intended for sale, transfer, or any other indications.

Signature of the applicant: _____
Identification number / passport number: _____
Telephone: _____
Contact address: _____
Date: (mm/dd/yyyy)

4. Surat pernyataan penggunaan obat-obatan pribadi

[Insert Doctor's Name], MD
Internal Medicine and Infectious Disease

Clinic schedule by appointment
[Insert Address]
[Insert Affiliation Name]
[Insert operating hour below if applicable]
Monday and Thursday ~ 1 pm to 4 pm
Wednesday ~ 10 am to 12 noon
Saturday ~ 9 am to 12 noon
Phone No. ~ [Insert number]

Hospital Affiliation
[Insert Affiliation Name]
Department of Medicine
Email: [Insert doctor's email]

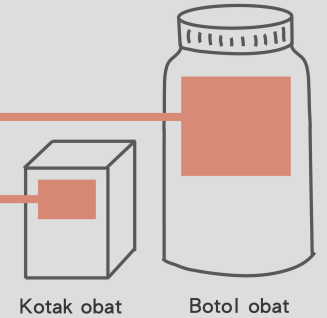
Patient's Name: [insert AND written as passport shows]
Passport number: [insert]
Age/Sex: [insert]

Date of Birth: [insert]

Rx:
1) Eliavene / Lamivudine / Tenofovir
600mg/300mg/300mg/tab # [insert] bottle(s)
Sig: One (1) tablet by mouth once daily
Quantity: 30 tabs/bottle (please specify quantity, it's very important)

Stempel Rumah Sakit Stempel Dokter

5. Kotak luar obat, surat keterangan, petunjuk atau katalog obat



Poin kedua

Daftar rincian jenis obat, nama obat, satuan penghitungan obat dan jumlahnya harus sama dengan jumlah pembelian.

| Catatan 2 | Catatan 3 | Catatan 4

Poin ketiga

Resep dokter harus dicap dengan stempel rumah sakit dan stempel dokter.

| Catatan 5 | Catatan 6