

薬剂携行証明書 (例)
Medicine & Medical Kit Certificate

Month/Date/Year

I hereby certify that Mr./Mrs./Ms _____ carries the following items for the treatment of high blood pressure and gastric ulcer.

- I Amlodin® tablet 5mg (Amlodipine Besilate 5mg/tablet)
Medicine used for high blood pressure.
Take one tablet (5mg) a day after breakfast.
- II Gaster® tablet 20mg (Famotidine 20mg/tablet)
Medicine used for gastric ulcer.
Take two tablets (40mg) once a day at bedtime.

NOTE:

- 1) Above items DO NOT contains narcotics.
- 2) These medicines are prepared under physician's prescription.

Physician

Abcde Fghij

Physician's signature _____

ABC Clinic

Physician Abcde Fghij

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