

Doctor's Certification Letter

Date:

Certification of personal use of controlled medication

Dear Sir/Madam,

This letter certifies that the individual named below is my patient and requires the listed medication to treat his/her medical condition. The patient will carry this medication for personal use for his/her trip to _____ between _____ and _____ (_____) days.

Patient details:

Full name:

Residential address:

Medication details:

Yours sincerely,