

International Doctor's Letter for Patients in OST – Opioid Substitution Treatment

To whom it may concern

Date:

Topic: Doctor's Letter / Medical Certificate

Mr./Mrs.

Date of birth:

Address:

Diagnoses:

is taking D-L-Methadone / Levo-Methadone / Buprenorphine / Buprenorphine-Naloxone / Codeine / Morphine (slow release)/ Diamorphine for his/her medical condition. The current dose is _____ mg (_____) per day with daily/weekly clinic/pharmacy attendance. (Note: 1mg Levo-Methadone = 2mg D-L-Methadone).

According to our national laws laws the patient has been provided with _____ daily doses (_____) for a journey to

Date of arrival:

Date of departure:

Further medication:

Take home regulation in our clinic:

Notes:

The medication the patient carries has been legally prescribed for medical treatment purposes. Confiscating/not taking the medication leads to a life threatening condition.

In case of questions please do not hesitate to contact me.

Sincerely

(Doctor's stamp & signature)