



CONFIDENTIAL

REQUEST FOR AUTHORITY TO IMPORT AN UNREGISTERED MEDICINE

Section 75 of the Medicines and Allied Substances Control Act [Chapter15:03]

SECTION A: (To be completed by the pharmacist)

- 1. Patient's name:
- 2. Address:
- 3. Approved/generic name of medicine
- 4. Brand name of medicine
- 5. a) Manufacturer
- b) Country of Origin
- c) Reference text (from which 3, 4 extracted)
 BNF Martindale Other (Specify).....
- 6. Dosage.....Dosage form.....Strength.....
 Pack sizeQuantity
- 7. Endorsement by Pharmacy.....

**NB: This form to be submitted to the patient's pharmacy with the relevant prescription.
To be completed for any subsequent applications after the initial 6 months approval.**

ALL SECTIONS MUST BE COMPLETED.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED