Please follow the see procedures to get a permit.

- a. Fill out Application Form and prepare the needed document:
- (1) Fill out "STATEMENT FOR PATIENTS CARRYING CONTROLLED DRUGS INTO OR OUT OF THE REPUBLIC OF CHINA". This can be downloaded from the website of FDA.
- (2) Diagnostic Statement issued by licensed physician with patient's name, therapeutic history, controlled drugs prescribed, and daily dosage.
- (3) Photocopy of patient's passport and travel document.
- (4) Please clearly and correctly list actual volume of controlled drugs to be carried into Taiwan. Please attach photocopy of label or instruction of the said drug (with drug's name, ingredient, concentration, packing information, manufacturer's name, --etc in English) for verification.
- b. Please send all the above said material/document to FDA by post mail. The application is free of charge but it will take 7 working days for processing the permit. Once the permit is issued, we will send the permit out to you. Please make sure a clear and correct mailing address is provided.
- c. Mailing address of FDA is:

Food and Drug Administration, Ministry of Health and Welfare No.161-2, Kunyang St., Nangang Dist., Taipei City 115-61, Taiwan (R.O.C.)

Please be kindly noted that according to Taiwan's law, the government authority won't allow any controlled drugs to be sent via post-air or courier to Taiwan without authority permit.

申請「病人隨身攜帶管制藥品入境出境中華民國聲明書 STATEMENT FOR PATIENTS CARRYING CONTROLLED DRUGS INTO OR OUT OF THE REPUBLIC OF CHINA」規定

一、申請該證明書手續及應檢附文件為:

- (1) 填寫「病人隨身攜帶管制藥品入境出境中華民國聲明書 STATEMENT FOR PATIENTS CARRYING CONTROLLED DRUGS INTO OR OUT OF THE REPUBLIC OF CHINA」, 此聲明書可由本署網站>便民服務>下載專區>管制藥品相關表單下載。
- (2) 醫師診斷證明書正本,載明病人之病名、治療經過及必須使用管制藥品理由及每日服用量等。
- (3) 病人之護照影本。
- (4)實際攜帶管制藥品之數量,請填寫正確清楚,併檢附擬攜帶管制藥品之標籤或仿單影本(或 記載有擬攜帶管制藥品之品名、成分、含量、包裝規格、製造廠名等之相關英文資料),以 供核對。
- 二、請將上述文件資料寄送本署,本類申請案件無需繳納費用,本署收件辦理約需7工作天,核發後立即寄送(請提供正確清楚之收件地址)。
- 三、申請文件請郵寄:

衛生福利部食品藥物管理署

115-61 台北市南港區昆陽街 161 之 2 號

Food and Drug Administration, Ministry of Health and Welfare No.161-2, Kunyang St., Nangang Dist., Taipei City 115-61, Taiwan (R.O.C.)

入境 病人隨身攜帶管制藥品_{出境}中華民國聲明書

STATEMENT FOR PATIENTS CARRYING CONTROLLED DRUGS INTO OR OUT OF THE REPUBLIC OF CHINA

病人	ht 9				性別 SEX			
NAI	VIE				電子郵件			
					E-MAIL			
國					出生日期			
NATION					DATE OF BIRTH			
護照	號碼				聯絡電話			
PASSPO	ORT No.				HOME TEL			
住居所 HOME ADDRESS								
			兹 口 力 伦	石牡田地	制 . 旦	製造廠及	· · · · · · · · · · · · · · · · · · ·	
		藥品名稱		包裝規格	數量	MANUFACTI		
		N/	AME OF DRUGS	PACKAGE OF DRUGS	QUANTITY	PLACE OF PR		
攜帶藥。 INFORM OF DE	IATION							
村文國文制 INFORMATION OF ENTRY OR EXIT	申請入國者 APPLICATION FOR ENTRY	預定於		自			入境中華民國	
		18.20	(日期)		(國家、	口 些)	元十十八四	
			(口知)		(四豕、	口件)		
		元 中 弘		4 4 4 日 岡 小 位 五				
		預定於		自中華民國出境至	(A-	ala s		
		(日期) (國家、口岸)						
		SCHEDULED DATE OF ENTRY FROM					TO V.	
		(MM/DD/YY) (PORT & COUNTRY)					TRY)	
		COLLEI		DADTUDE	TO			
		SCHEI	DULED DATE OF DE		ТО	(DODT & COLINI	TDV)	
				(MM/DD/YY)		(PORT & COUN	IKI)	
	請出國者 FICATION FC	預定於	預定於自中華民國出境至					
			(日期)	, , , , , , , , , ,	(國家、口岸)			
			(- //1/		(1)	- ' // /		
		預定於		自			入境中華民國	
		18.20	(日期)	н	(周文	と、口岸)	元十十八四	
			(口朔)		(四)	() ()		
		SCHEDULED DATE OF DEPARTURE TO						
		(MM/DD/YY) (PORT & COUNTRY)						
		(IVIIVI/DD/11) (POKI & COUNTRY)						
		SCHEI	SCHEDULED DATE OF RE-ENTRY FROM					
	A	(MM/DD/YY) (PORT & COUNTRY)						
		1		(171171/DD/11)		(1 51(1 & CO		
ا و جانب	烧 均	1			填表日期			
病人		1			APPLICATION			
SIGNATURE		1			DATE			

備註:病人為治療疾病,隨身攜帶管制藥品出(入)境中華民國者,應填具聲明書,並檢附載明病名、治療經過及必須使用管制藥品理由之醫師診斷證明書,向衛生福利部食品藥物管理署申請。

Note: Patient who carrying controlled drugs for treatment purposes into or out of the Republic of China should notify Food and Drug Administration, Ministry of Health and Welfare with this statement form and a medical certificate stating the diagnosis, course of treatment and the reason for prescription of the controlled drug(s).

衛生福利部食品藥物管理署 地址:11561 臺北市南港區昆陽街 161 之 2 號 電話:(02) 2787-7621 傳真:(02) 2653-1180 Food and Drug Administration, Ministry of Health and Welfare

No.161-2, Kunyang St., Nangang Dist., Taipei City 115-61, Taiwan (R.O.C.)

TEL:886-2-2787-7621 FAX:886-2-2653-1180