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**MEMORANDUM**

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Name and Address of Hospital/Clinic

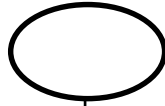
Patient's Name and Passport/

Identity Card Number

Please be informed that this is to certify that the above patient needs to import to Brunei Darussalam the following prescription medication(s) for his/her medical treatment.

The prescription is valid till \_\_\_(date)\_\_\_\_\_.

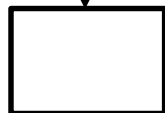
No.	Drug & Strength	Dose	Duration (3 months maximum)	Quantity
1				
2				
3				
<b>Total number of drugs</b>				
<b>Name and Registration number of Prescriber</b>			<b>Stamp and date</b>	
<b>Signature</b>				
<p>Notes</p> <p>1. This memorandum must be completed with all the details filled in handwriting by the prescriber.</p> <p>2. This memorandum is only for the use of Ministry of Health, Brunei Darussalam in order to facilitate patient's application for importation of prescription medicines for personal use and for customs clearance purposes.</p>				



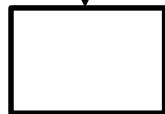
Start



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Complete the memorandum in handwriting by the prescriber



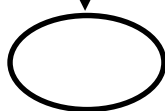
Send the completed memorandum to the patient



Send all the required documents to CLS (Patient/forwarder)



Collect the approval letter from CLS



End