

APPLICATION

This application is to be sent to the State Agency of Medicines:

- via e-mail to: info@ravimiamet.ee (doctors note can be attached as a regular or scanned copy)
- via regular mail to: Ravimiamet, Nooruse 1, Tartu, 50411

PURPOSE OF APPLICATION

You will need a permit from the State Agency of Medicines for sending of medicinal products if one parcel contains:

- 1) more than five unopened retail packages or;
- 2) the package size of one medicinal product exceeds the following:
 - 200 tablets or capsules
 - 500 grams of powder for solution
 - 500 millilitres of solution for infusion or oral solution
 - 30 ampoules or vials of injectable dosage forms
 - 200 ml or 200 g of medicinal products for external use
 - 200 doses of inhalation preparations
 - 10 units of medicated plasters
 - 50 grams of homeopathic granules

APPLICANT

Personal information

Name:

Surname:

Personal identity code:

or date of birth:

Contact information

E-mail address:

Phone number:

Place of residence:

PARCEL

Recipient / Sender information (depending on whether the applicant is sending or receiving the parcel)

Name:

Surname:

Parcel information

Code of the parcel:

Country of departure/country of destination:

Contents of the parcel

List of all the medicines in the parcel:

1) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

2) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

3) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

4) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

5) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

6) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

7) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

8) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

9) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

10) Trade name:

Active substance dosage form and strength:

Package size:

Number of packages:

Additional Information

If there is any additional important information you consider necessary to share, please indicate it here:

By signing below, I hereby acknowledge that:

- **It is prohibited to send anabolic steroids, narcotic drugs and psychotropic substances, full blood and blood components, cells and tissues for medicinal use and advanced therapy medicinal products.**
- **Medicinal products may be sent to foreign countries or to Estonia only if the sender and the recipient are both natural persons.**
- **In case of prescription medicines you need to attach a signed note from the prescribing doctor confirming the need and prescription of these medicines (in case of medicinal products designated to be used on animals, the veterinarian's note concerning the need for the medicinal product).**

Signature of Applicant