

Application for IMPORTED Drug Pricing

To: The director of Medicine Policies Department

I hereby request your agreement to price the following pharmaceutical product

1. Applicant (contact person)

Name of applicant (responsible pharmacist)	
Telephone / Fax	
Fax	
Email	

2. Manufacturer

Name	
Address / country	
Telephone / Fax	
Email	

3. Local authorized agent

Name	
Address	
Telephone / Fax	
Email	

4. Drug Information

Trade name	
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Price to pharmacy								
Public price including VAT								
Reimbursement status								

6. Suggested indications of pharmaceutical product

Signature of the Responsible Pharmacist

Date

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