

**Country: Myanmar**

**(date: 26 March 2024)**

<b>Documentation required (i.e. issued/endorsed by medical practitioner or authorized health authority)</b>	<b>Restrictions (i.e qualitative and/or quantitative)</b>	<b>National Competent Authority (to be contacted for more detailed information)</b>
a) Valid medical prescription <input checked="" type="checkbox"/>	Days / Quantities/Doses	Name: Central Committee of Drug Abuse Control Address: Office of Drug Enforcement Division Tel.: +95 673401744, +95 673 401747 Fax: +95 673401740 e-mail: <a href="mailto:myinthtoo2277@gmail.com">myinthtoo2277@gmail.com</a> , <a href="mailto:winkoko17@gmail.com">winkoko17@gmail.com</a> , <a href="mailto:ded.ir.ccdac@gmail.com">ded.ir.ccdac@gmail.com</a> , <a href="mailto:precursorpm@gmail.com">precursorpm@gmail.com</a>
b) Doctor's certificate endorsed by the health authorities of the country of residence <input checked="" type="checkbox"/>	Narcotic drugs <input type="text" value="14 days"/>	
c) Certificate issued by the health authorities of the country of destination <input type="checkbox"/>	Psychotropic substances <input type="text" value="14 days"/>	
d) Presentation of the original prescription at the Customs of the country of destination <input checked="" type="checkbox"/>	List of prohibited substances. If yes, please specify	
e) Other kind of documents, if yes, please indicate <input type="checkbox"/>	Ketamine, Tramadol, Mitragyna speciosa/Kratom Other information	