

Ref No: \_\_\_\_\_  
ID No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_  
Date of Expiry: \_\_\_\_\_

Dear Sir/Madam

Please note that \_\_\_\_\_ request for \_\_\_\_\_ has been approved for a period of 10 years

Kindly submit the prescription for the above mentioned medicine together with the Schedule V (yellow)/pink card at the relevant Government Dispensary.

Ghaziz/a Sinjur/a

Nixtieq ninfurmak li t-talba ta' \_\_\_\_\_ għall- \_\_\_\_\_ giet approvata għal perjodu ta' 10 snin.

Int mithub/a tipprezenta ricetta għall-medicina msemmija hawn fuq, flimkien mal-kartuna s-safra/roza f'l-Ispizerija tal-Gvern rilevanti.

Director, DPPM

### Renewal of Permit / Biex jiggedded il-Permess

I request that this approval is extended for a period of \_\_\_\_\_

Signature of Consultant

Date

Name in Block Letters

### For Administration Use Only:

Approved for the duration of \_\_\_\_\_

Signature of Pharmacist

Date

Name in Block Letters