

**U.S. Customs/FDA Requirements For Personal Medication Shipments**  
**FORM 1**

To: \_\_\_\_\_ HAWB #: \_\_\_\_\_

From: **DHL AIRWAYS INC.** Agent: \_\_\_\_\_

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**Please provide all requested information to expedite the clearance of your shipment:**

Part A:

*Trade name of the medication:* \_\_\_\_\_

*Generic name of the medication:* \_\_\_\_\_

*Medication is used to treat:* \_\_\_\_\_

**PART B:**

*Is this medicine available in the U.S ? \* YES\_\_ or \*\* NO\_\_*

*\*If YES\_\_ and U.S Resident "Importation is Prohibited"*

*\*\*if NO\_\_ and U.S Resident "Importation is Permitted" with a U.S Dr Prescription and your SS#.*

*Over the counter?* Yes \_\_ No \_\_ *Prescription\* required?* Yes \_\_ No \_\_  
If yes, a legible copy of the prescription is required

*What is the dosage of the medication (how much, how many times daily)?*

\_\_\_\_\_

*In what form is the medication (pills, capsules, liquid, herbs, injections...)?*

\_\_\_\_\_

*How many units (amount of doses) are in the shipment?*

\_\_\_\_\_

*How long will you be in the United States\*?*

If non- resident, requires importer of record from a U.S resident with social security # and home address provided in a written statement Along with a copy of the visitors passport..

\_\_\_\_\_

*Why is this shipment being imported into the United States?*

\_\_\_\_\_

*Doctor's\* Name, Address and Telephone Number*

\_\_\_\_\_

**\* For regular U.S. residents, a U.S. prescription issued by a U.S. doctor is required**

**Please fully complete this form and send with supporting documents to:**  
**FAX# (718) 244-6532/6535**

**or (718) 656-7473**

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