

DEPARTMENT OF HEALTH

**DRUGS (CONTROL) REGULATIONS, 1985 AND  
DANGEROUS DRUGS  
(INTERNAL CONTROL) RULES, 1939  
REQUEST FOR THE ISSUE/RENEWAL OF A CONTROL CARD  
FOR NARCOTIC AND PSYCHOTROPIC DRUGS**

Superintendent of Public Health

I hereby request that Mr/Mrs ..... aged .....

I.D. No. \* ..... residing at .....

.....

- (i) be issued with a Control Card for Narcotic/Psychotropic drugs (§)
- (ii) have the Control Card for Narcotic/Psychotropic drugs renewed.(§)

§ Delete whatever is inapplicable.

Signature of Medical Practitioner .....

Name and Address of Medical Practitioner .....

.....

.....

.....

Medical Council Reg. No. ....

Date . ....

\* In case of non-Maltese citizens not holding an I.D. Card, the Passport No. is to be inserted; in the case of a minor the particulars inserted are to be in relation to the I.D. Card or passport of the father, mother or guardian.