

[様式9] [FORM 9]

必要理由書 (Statement of reasons)

_____/_____/_____
(Year) (Month) (Date)

(To Minister of Health, Labour and Welfare)

厚生労働大臣 殿

Name of Importer _____

1. 治療上必要な理由 (Reasons why the medicine and pharmaceutical products are needed for treatment)

2. 医師の責任 (Doctor's responsibility)