

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563013

X PRESCRIBER'S

NAME: SAJJAD ARIEF

ADDRESS: 27/429 Peel St
Towworth, NSW, 2340

TELEPHONE:

PRESCRIBER No: 2953287

Patient's Medicare no. [] - [] - [] Patient's Ref no. []

Patient's full name ANNE HACKNEY

Patient's address Louisa Road, Pevel

Tick for return to patient Pevel Postcode 2262

Entitlement no. []

PBS Safety Net entitlement cardholder Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:

(Tick appropriate boxes)
PBS prescription from state manager, Medicare

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form
MOLNUPIRAVIR 200mg

Pharmacist/patient copy

Dosage directions 4 Tabs P/O BID

Quantity 40 Prescriber's signature [Signature] Date 23/7/22

No. of repeats [] Repeats []

Medicare/DVA use Quantity Repeats Phone/Delegate approval 13112

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Signature] Date of supply 1/1

Agent's address []

Privacy notice: Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

PB025.2008

Disease and purpose for which benefit required or clinical justification for use of item

For phone approvals call 13112
Ensure your RPBS authority prescriptions are authorised by the Department of Veterans' Affairs before issuing to the patient.
Patient's age if under 18

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. ()

Phone approvals - retain this copy for 12 months.
Written approvals - forward all 3 copies to Medicare/DVA.

