

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563035

PRESCRIBER'S

NAME:

SARIPAD ARIC

ADDRESS:

27/429 Peel St
Tamworth, 2340

TELEPHONE:

2953207

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

IAN Bettendor

Patient's address

32 Codrington St

Tick for return to patient

Mount Grenville Est Postcode 4122

Entitlement no.

Grid for Entitlement number

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

MOLNUPIRAVIN 200mg

Pharmacist/patient copy

Dosage directions

4 Tabs R/g - 181

Quantity

40

Prescriber's signature

[Signature]

Date

24/7/22

No. of repeats

Grid for repeats

[Icon]

Grid for 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

Grid for signature

Date of supply

Grid for date of supply

Agent's address

Grid for agent's address

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PB025.2008

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

Grid for disease or purpose

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. Forward all 3 copies to Medicare/DVA.