

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate

Dr Hina Asher

MBBS

National Home Doctor

Floor 1

120 Christie St

ST LEONARDS NSW 2065

Phone: 0294103944

3011142

72495270

Patient's Medicare no.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Patient's Ref no. \_\_\_\_

Patient's full name

Scott Cooper

Patient's address

273 little spencer

Tick for return to patient

St, Bunyln

Postcode 2104

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

Lagevrio 800mg (30)  
for 5 days

Pharmacist/patient copy

Dosage directions

800mg Twice daily

Quantity

10

Prescriber's signature

*[Signature]*

Date

25/7/22

No. of repeats

\_\_\_\_

Quantity

Repeats

Phone/Delegate approval

Medicare/DVA use

\_\_\_\_

Patient's or agent's signature

*[Signature]*

Date of supply

/ /

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

Agent's address

\_\_\_\_

Privacy notice: Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

PB025.1310

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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.

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