

PBS/RPBS authority prescription

06563136

Not valid unless authorised by delegate

PRESCRIBER'S

NAME:

DR. SAJJAD ARIF

ADDRESS:

27/429 Peel St.
Tamworth

TELEPHONE:

PRESCRIBER No:

2953287

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

MARINA Abayakara

Patient's address

12/29 Sussex St.
Sydney

Postcode

2000

Tick for return to patient

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

LAGIENIC 200mg
4 capsules P/O TID

Pharmacist/patient copy

Dosage directions

Box for dosage directions

Quantity

40

Prescriber's signature

Signature

Date

24/9/22

No. of repeats

Box for No. of 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

Box for Patient's or agent's signature

Date of supply

1/1

Agent's address

Box for Agent's address

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PB025.2008

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

Large box for disease or purpose justification

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.