

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate  
**DR PRIYANKA ARLAGADDA**

MBBS  
13CURE  
SUITE 15  
178 QUEEN STREET  
ST MARYS NSW 2760  
Phone: 132873

3160880

25080840

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

Patient's full name Helen Sceduna

Patient's address 314 Burge Rd

Tick for return to patient  Orange NSW Postcode 2800

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**

Ozempic 1.34 mg/ml

1 x 1.5ml

1 mg sc weekly 5 repeats

Dosage directions 1 mg sc weekly

Quantity 1 Prescriber's signature \_\_\_\_\_ Date \_\_\_\_\_

No. of repeats 5 AL 4/10/22

Medicare/DVA use Quantity 1 Repeats 5 Phone/Delegate approval 5500

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 \_\_\_\_\_ Date of supply 1/1

Agent's address \_\_\_\_\_

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PB025.2008

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

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