

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06550830

PRESCRIBER'S

NAME:

SAJJAD ARIF

ADDRESS:

27/429 Peel St
Taree NSW 2340

TELEPHONE:

PRESCRIBER No:

2953287

Patient's Medicare no.

Grid for Medicare number and Patient's Ref no.

Patient's full name

Helen Dreen

Patient's address

Cymet, TAS-7112

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

LAGEVRIO 200mg

Pharmacist/patient copy

Dosage directions

4 capsules - P/O BD

Quantity

40

Prescriber's signature

[Signature]

Date

19/11/2022

No. of repeats

Grid for No. of repeats

[Signature]

Phone/Delegate approval

13201

Medicare/DVA use

Quantity

Repeats

Date of supply

/ /

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]

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 for which benefit required or clinical justification for use of item

if under 18