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

72495393

Patient's Medicare no. | | | | | – | | | | | | – | | Patient's Ref no. |

Patient's full name: Colin Hosking

Patient's address: 1/30 High St Black Head NSW Postcode 2430

Tick for return to patient ☐

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

Legaversio 200mg
Take 4 Tab 1 3 D for 5 days

Pharmacist/patient copy

Dosage directions

Quantity 40

Prescriber's signature

Date 25/11/22

No. of repeats 0

Medicare/ DVA use	Quantity	Repeats	Phone/Delegate approval 12936

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 / /

Agent's address

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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** 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.