

DOCTOR'S NAME:

ADDRESS: ^(initials) 15/178 ^(Surname) Queen st, St Mary NSW 2760

Prescriber No.

Block letters please

Patient's Medicare no.

42678304AA

2851-83335-1 Patient's Ref no. 1

Patient's full name

Kayla Hines

Patient's address

16A Woodlands Dr, Weston

NSW

Postcode 2326

Entitlement no.

PBS Safety Net entitlement cardholder

Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

(Tick appropriate boxes)

PBS

RPBS

Brand substitution not permitted

Pharmacist/patient copy

Prednisolone x 30mg x OD
x 3/7 day supply

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

[Signature]

Date 5/10/21

I declare that I have received this/these medicine(s) 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