

ADDRESS: *15/178 Queen St, 87 May NSW 2760*

DOCTOR'S NAME:

(Initials) (Surname)

ADDRESS: *15/178 Queen St, 87 May NSW 2760*

Prescriber No.

Block letters please

42678305AA

Patient's Medicare no.

28 12 - 98 095 - 3

Patient's Ref no. *1*

Patient's full name

Jacob Gibbons

Patient's address

*6/202 King St, Newcastle
NSW Postcode 2300*

Entitlement no.

[Empty boxes for entitlement number]

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

Olanzapine Tab (5mg)

1 Tab x mane

2 Tab x Nocte

*28 tab
(twenty eight)*

supply

No Repeat

*Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659*

Date *5/10/21*

Privacy notice on reverse

Doctor's signature

[Handwritten signature]

Patient's or agent's signature

Date of supply

1/1

Agent's address

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.