

DOCTOR'S NAME

Dr Mustafa Ali

(Initials)

(Surname)

ADDRESS

13 CURR

Prescriber No.

2838171

Block letters please

42782135AA

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

Todd Hunt

Patient's address

Grid for address

Postcode

Grid for postcode

Entitlement no.

Grid 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

Tramadol 50m

1030

Ten tablet (10)

*[Handwritten Signature]*

Privacy notice on reverse

Doctor's signature

*[Handwritten Initials]*

Date

6, 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

*[Handwritten Initials]*

Agent's address

Date of supply

1 1