

DOCTOR'S NAME

Dr Muejays AL

ADDRESS

13 W Rd

Prescription No.

2828171

Check return address

42782136AA

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Patient's full name

Shannon Jeffrey

Patient's address

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

ondansetron wafers

4mg

(4 TDS)

(10)

Privacy notice on reverse

Doctor's signature

*[Signature]*

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

*[Signature]*

Agent's address

Date of supply

1 1