

DOCTOR'S NAME

D. Mustafa Al

13 WRE (Surrey)

ADDRESS

Prescriber No.

2838171

Check internet profile

42782141AA

Patient's Medicare no.

2213-01135-3

Patient's Ref no.

2

Patient's full name

Diana Apps

Patient's address

Postcode

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

Cyclosporin 100mg

30

Authn # 6643

1000

*[Signature]*

Privacy notice on reverse

Doctor's signature

*[Signature]*

Date

9, 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.

P8021.2008

Patient's or agent's signature

*[Signature]*

Agent's address

Date of supply

1 / 1

DOCTOR'S NAME

D. Muslaye AH  
(Initials) (Surname)

ADDRESS

13 Wale

Prescriber No.

2838 121

Block letters please

42782143AA

Patient's Medicare no.

Grid for Medicare number with dashes

Patient's Ref no.

Patient's full name

Diana apps

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 4mg

1 x PBS

(10)

Diazepam 5 mg

1 x PRN

(10)

Privacy notice on reverse

Doctor's signature

[Signature]

Date 9/10/21

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

[Signature]

1/1

Agent's address

[Address field]