

DOCTOR'S NAME:

ADDRESS: 15/178 Queen St, St. Mary NSW 2760

Prescriber No.

Block letters please

42678308AA

Patient's Medicare no.

2618-21387-5 Patient's Ref no. 1

Patient's full name

Lincoln Godwin

Patient's address

219 Fernleigh Ave, Rose Bay NSW Postcode 2029

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

Augmentin duo fort (875/125)mg x 1 tab x BD x 5/7 days supply

Dr M N Arfeen Provider: 548586 BK Prescriber: 30126518

Handwritten signature of Dr M N Arfeen

Date

9/10/21

Privacy notice on reverse

Doctor's signature

Date of supply

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

Agent's address

PB021.2008

PBS and NON-PBS items should be written on separate prescription forms