

DOCTOR'S NAME:

(Initials)

(Surname)

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

Prescriber No.

Block letters please

42678309AA

Patient's Medicare no.

4343-79677-7 Patient's Ref no. 1

Patient's full name

Belinda Farnell

Patient's address

2/15 Kildare Bamola

Point NSW

Postcode 2486

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 due fort

(875/125)mg x 1 tab BD

5/7 days supply only

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

Date

15/10/21

Patient's or agent's signature

Agent's address

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.