DOCTOR'S NAME

(Initials) (Surname)

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

Prescriber No.

Block letters please

42678311AA

Patient's Medicare no. → N/A

Patient's Ref no.

Patient's full name Nichdas Shannon

Patient's address 37 Olivia place North Rothbury

NSW Postcode 2335

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

Bactrim Syrup (200mg/5mL)

2.5 ml × BD × 1/52 weeks

× 1 Repeat

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

Pharmacist/patient copy

Privacy notice on reverse

Doctor's signature

Date 15/10/21

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 / /

Agent's address

PB021.2008

prescription