

DOCTOR'S NAME:

(Initials)

(Surname)

ADDRESS:

15/178 Queen St, SA. May

NSW 2760

Prescriber No.

Block letters please

42678313AA

Patient's Medicare no.

Grid for Medicare and Ref numbers

Patient's full name

Colin Mclean

Patient's address

12-18 Regans Rd, Tamworth
NSW Postcode 2340

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 [checked] RPBS [] Brand substitution not permitted []

Pharmacist/patient copy

Flucloxacillin 500mg x QID x 7 days supply

Metronidazole 400mg x TDS x 7 days

Dr M N Arfeen
Provider: 548566 BK
Prescriber: 3012659

Handwritten signature of Dr M N Arfeen

Privacy notice on reverse

Doctor's signature

Handwritten mark

Date

21, 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

Handwritten mark

Agent's address