

DOCTOR'S NAME

RUKHSANA RETTNAAN.

(Initials)

(Surname)

ADDRESS

15/178 Queen St. St-marks

NSW

2760

Prescriber No.

3012978
5486476B

Provider:

Block letters please

42678316AA

Patient's
Medicare no.

Patient's
Ref no.

Patient's full name

JONO ITALIANO

Patient's address

419 HIBISCUS ST

Entitlement no.

TOM PRICE, WA Postcode 6751

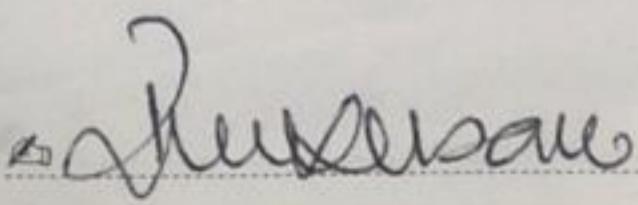
(Tick appropriate boxes)

PBS RPBS Brand substitution not permitted Pharmacist/patient
copy

- MIRTAZAPINE (30mg)
1 tablet Daily
(7 tablets) (seven)
- OLANZAPINE (5mg)
1 tablet Daily
(7 tablets) (seven).

Privacy notice
on reverse

Doctor's signature



Date 09/11/21

I declare that I have received
this/these medicine(s) and
the information relating
to any entitlement to a
pharmaceutical benefit
is correct and carried with care.

Patient's or agent's signature

Date of supply

/ /

Agent's address