

Dr Sajjad Arif
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13Cure
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2953287

AC24801576

Patient's Medicare no. - - Patient's Ref no.

Patient's full name *Peter Spinks*
Patient's address *50 Redgk St*
Merrimban Postcode *2291*

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

Zofran 4mg qd
ms pro (4)

Bautman D 165/800mg
P/O 1x1
x 5 days

Privacy notice on reverse

Doctor's signature

Date

20/9/22

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

[Signature]

Agent's address

Date of supply

/ /