

PBS/RPBS authority prescription

Not valid unless authorised by delegate

DR PRIYANKA ARLAGADDA

MBBS
13CURE
SUITE 15
178 QUEEN STREET
ST MARYS NSW 2760
Phone: 132873
3160880

25081525

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

Patient's full name Gerard A Ford

Patient's address 8 Yentoo Drive Glenfield

Tick for return to patient Park NSW Postcode 2650

Entitlement no.

PBS Safety Net entitlement cardholder Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

Authorisation is requested for the following:

(Tick appropriate boxes)

PBS prescription from state manager, Medicare
RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

Molnupiravir 200mg

Pharmacist/patient copy

Dosage directions (9) bd x 5 days

Quantity 40 Prescriber's signature [Signature] Date 15/7/22

No. of repeats 0

Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval
			<u>12923</u>

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature [Signature] Date of supply / /

Agent's address

Privacy notice: Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

PB025.2008

Disease or purpose for which benefit required or clinical justification for use of item

Patient's age if under 18

Has the patient previously received an authority for this medicine? Yes No

Prescriber's phone no. ()

Phone approvals - retain this copy for 12 months.

Written approvals - forward all 3 copies to Medicare/DVA.