

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate

06563024

PRESCRIBER'S

NAME:

SAJJAD ARIF

ADDRESS:

27/429 Peel St  
Tauranga 2340

TELEPHONE:

2953287

PRESCRIBER No:

Patient's Medicare no.

Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

Entitlement no.

PBS Safety Net entitlement cardholder

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

Maya Kaiti Coleman Coleman  
1172 Man Pt  
Cell Postcode 4701

**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

4 Tabs B10 BD

Quantity

40

Prescriber's signature

Date

No. of repeats

☞

*[Signature]*

24/7/22

Medicare/DVA use

Quantity

Repeats

Phone/Delegate approval

13112

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

Date of supply

☞

/ /

Agent's address

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PB025.2008

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

[Empty box for disease or purpose justification]

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.

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