

# PBS/RPBS authority prescription

Not valid unless authorised by delegate

PRESCRIBER'S

06563046

NAME:

SAJJAD ARIA

ADDRESS:

27/429 Peel St

Tamworth, 2340, NSW

TELEPHONE:

PRESCRIBER No:

2983207

Patient's Medicare no.

Grid for Medicare number

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

Peter Beaumont

Patient's address

9/02 Howard St

Tick for return to patient

Paddislee Postcode 4064

Entitlement no.

Grid for Entitlement number

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

Lagevrio 200mg

0000 Pharmacist/patient copy

Dosage directions

TIII - P/O - BD

Quantity

40

Prescriber's signature

Signature

Date

27/7/22

No. of repeats

Medicare/DVA use

Quantity

Repeats

Phone/Delegate approval

12923

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

1/1

Agent's address

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PB025.2008

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

Large empty box for clinical 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.