

### PBS/RPBS authority prescription

Not valid unless authorised by delegate

PRESCRIBER'S

06563057

NAME:

SADMAN ARIID

ADDRESS:

27/429 Peel St  
Parramatta, 2840 NSW

TELEPHONE:

PRESCRIBER No:

2953207

Patient's Medicare no.

Grid for Medicare number and Patient's Ref no.

Patient's full name

Patricia Bliss

Patient's address

9/62 Howard St  
Parramatta Postcode 4064

Tick for return to patient

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

Lagumio 200mg  
4 tabs P/O BID  
X 5 days  
Pharmacist/patient copy

Dosage directions

Quantity

40

Prescriber's signature

*[Signature]*

Date

27/7/22

No. of repeats

1

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

Empty box for 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](http://servicesaustralia.gov.au/privacy)

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

Grid for clinical justification, including a field for 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.