

PBS/RPBS authority prescription

Not valid unless authorized by delegate

X Dr Mustafa Tahir Ali

MBBS, MPH

Silver Chain

Suite 7

197 Prospect Highway

SEVEN HILLS NSW 2147

Phone: 0416568644

2838171

01381768

Patient's Medicare no.

				-							-				Patient's Ref no.	
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Patient's full name

Joan Freund

Patient's address

10, Chafsa Pl

Tick for return to patient

Laverton Postcode 2641

Entitlement no.

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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

Spiriva Respina
2.5 mg/actant

Pharmacist/patient copy

1

Dosage directions

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Quantity

5

Prescriber's signature

[Signature]

Date

30/7/22

No. of repeats

5

Medicare/DVA use

Quantity	Repeats	Phone/Delegate approval

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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