

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate

06563092

PRESCRIBER'S

NAME:

SAJJAD ARIE

ADDRESS:

29/427 Peel St  
Tamworth, 2340, NSW

TELEPHONE:

295328

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number and Patient's Ref no.

Patient's Ref no.

Patient's full name

DORIANE WHITE

Patient's address

26 Munn Ave

Tick for return to patient

Cheltenham Postcode 3192

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**

Loggervo 200mg

Pharmacist/patient copy

Dosage directions

4 caps. P/O BID x 5 days

Quantity

40

Prescriber's signature

*[Signature]*

Date

31/7/22

No. of repeats

Grid for No. of repeats

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

Signature box

Date of supply

Date box: / /

Agent's address

Agent's address box

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

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