

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563147

PRESCRIBER'S

NAME: DR. SAJJAD ARIF

ADDRESS: 27/429 Peel St
Tauranga, 2325

TELEPHONE: _____

PRESCRIBER No: 2953287

Patient's Medicare no. [] [] [] [] - [] [] [] [] - [] Patient's Ref no. []

Patient's full name Joseph Formosa

Patient's address 87 Homestead Dr

Tick for return to patient St. Albans Park Postcode 3209 VIC

Entitlement no. []

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

LAGEVPIO 200mg
4 capsule P/O - BID

Pharmacist/patient copy

Dosage directions _____

Quantity (40) Prescriber's signature [Signature] Date 24/9/2022

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 _____ 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

[Empty box for disease or purpose]

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.