

DR PRIYANKA ARLAGADDA
MBBS
13CURE
SUITE 15
178 QUEEN STREET
ST MARYS NSW 2760
Phone: 132873
3160880

AC37878242

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

Patient's full name Cara Lee Glover

Patient's address 436 Kooningal Rd
Kooningal NSW Postcode 2650

Entitlement no.

PBS Safety Net entitlement cardholder Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

(Tick appropriate boxes)
PBS ~~RPBS~~ Brand substitution not permitted

Pharmacist/patient copy

Maxolon 10mg

① tds prn

25

AL

Date 8/10/22

Privacy notice reverse
Pharmacist's signature

I declare that I have received these medicine(s) and information relating to my entitlement to a pharmaceutical benefit correct.

Patient's or agent's signature Date of supply / /

Agent's address