

PBS/RPBS authority prescription

Not valid unless authorised by delegate

DR PRIYANKA ARLAGADDA

MBBS

13CURE

SUITE 15

178 QUEEN STREET

ST MARYS NSW 2760

Phone: 132873

3160880

25080862

Patient's Medicare no.

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Patient's Ref no.	<input type="text"/>
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Patient's full name

Catherine Tattersall

Patient's address

190/1 Malcom Way

Tick for return to patient

Hope Island Qld Postcode 4212

Entitlement no.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

Levirago (Molnupiravir) 200mg

Pharmacist/patient copy

Dosage directions

4 tabs bd x 5 days

Quantity

40

Prescriber's signature

Date

No. of repeats

0

[Signature]

14/10/22

Medicare/DVA use

Quantity
40

Repeats
0

Phone/Delegate approval

13201

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

[Signature]

/ /

Agent's address

<input type="text"/>

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