

### PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563160 180

PRESCRIBER'S NAME: SAJJAD ARIFF

ADDRESS: 27/429 Peel St  
Taremont, 2340, NSW

TELEPHONE: \_\_\_\_\_

PRESCRIBER No: 2953287

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

Patient's full name Peter Pearson

Patient's address 9 Katrina Cr.

Tick for return to patient  Normanby Postcode 282576

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

LAGEVRIO 400mg  
4 Tabs p/o BID  
X 5 days

Pharmacist/patient copy

Dosage directions

Quantity 40

No. of repeats

Prescriber's signature [Signature]

Date 22/10/2022

Medicare/DVA use

Quantity

Repeats

Phone/Delegate approval 13201

Date of supply 1 1

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

Agent's address

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PB025.2008

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

[Empty lines for disease or purpose]

Patient's age if under 18

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.