

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563158 158

PRESCRIBER'S

NAME:

CATTAD ARIF

ADDRESS:

27/429 Peel St
Tarenth, 2340

TELEPHONE:

2953287

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number and Patient's Ref no.

Patient's full name

Patient's address

Tick for return to patient

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

MOLNUPIRAVIR 200mg

Pharmacist/patient copy

Dosage directions

4 Tabs P/O - BID

Quantity

40

Prescriber's signature

Handwritten signature

Date

22/10/2022

No. of repeats

Medicare/DVA use

Quantity

Repeats

Phone/Delegate approval

13155

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

Handwritten signature

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

Large empty box for disease or purpose justification.

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.