PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563171

PRESCRIBER'S NAME: SAJJAD ARIF

ADDRESS: 27/429 Peel St Tamworth 2340 NSW

TELEPHONE:

PRESCRIBER No: 2953287

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

Patient's full name: Lilian Hayes

Patient's address: 8 Tennyson Rd. Concord Postcode 2137

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

LAGEVRIO 200mg

Pharmacist/patient copy

Dosage directions: 4 Tabs P/O BD

Quantity: 40 Prescriber's signature: [signature] Date: 27/10/22

No. of repeats:

Medicare/ DVA use	Quantity	Repeats	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 [signature] Date of supply / /

Agent's address

Privacy notice: Your privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information to provide payments and services. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to **servicesaustralia.gov.au/privacy**

PB025.2008

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

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.