

Not valid unless authorised by delegate  
DR PRIYANKA ARLAGADDA

MBBS

13CURE

SUITE 15

178 QUEEN STREET

ST MARYS NSW 2760

Phone: 132873

3160880

25080546

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

Cecile Cecile

Patient's address

193 Goonoo goonoo Rd

Tick for return  
to patient

Tamworth NSW Postcode 2340

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**

Molnupiravir 200mg

Pharmacist/patient copy

Dosage  
directions

4 tabs bd x 5 days

Quantity

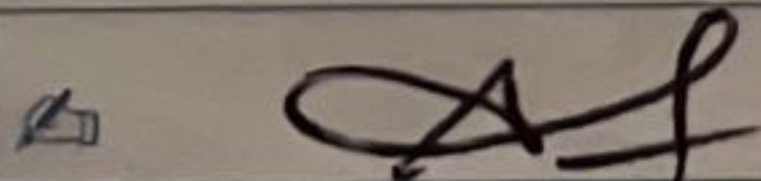
40

Prescriber's signature

Date

No. of repeats

0



22/10/22

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



/ /

Agent's address

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