

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06563182

PRESCRIBER'S

NAME:

DR. SATOMU ARIKAWA

ADDRESS:

27/42nd Pkwy
Parramatta, NSW

TELEPHONE:

2953207

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Patient's full name

MARGARET BURNS

Patient's address

U8 17A Tango St.
Mount Kuller

Tick for return to patient

Postcode 2290

Entitlement no.

Grid for Entitlement number

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
4 Tabs P/O - BID
x 5 days

Pharmacist/patient copy

Dosage directions

(40)

Quantity

Prescriber's signature

[Signature]

Date

30/10/22

No. of repeats

Medicare/DVA use

Quantity

Repeats

13201

Phons/Delegate approval

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

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PB025.2008

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

Large empty box for clinical justification

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.