

PBS/RPBS authority prescription

Not valid unless authorized by delegate

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Phone: 0416568644

2838171

01383502

Patient's Medicare no.

____ - ____ - ____ Patient's Ref no. ____

Patient's full name

Robert Milne

Patient's address

Tick for return to patient

Postcode

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

Lageren's 200mg

1111 x 20

5 days

Pharmacist/patient copy

Dosage directions

Quantity

40

Prescriber's signature

[Signature]

Date

5/11/22

No. of repeats

Repeats

Phone/Delegate approval

Medicare/DVA use

Quantity

Repeats

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

1/1

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

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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.

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