PBS/RPBS authority prescription
Not valid unless authorised by delegate

06563226

PRESCRIBER'S NAME: SAJJAD ARIF

ADDRESS: 27/429 Peel St
Tamworth, 2340

TELEPHONE:

PRESCRIBER No: 2953287

Patient's Medicare no. ☐☐☐☐ - ☐☐☐☐☐ - ☐ Patient's Ref no. ☐

Patient's full name: Raymond Gregg

Patient's address: 21 Ross St
Binoma, Qld. 4217

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

LAGEVRIO 200mg

Pharmacist/patient copy

Dosage directions: 4 cap/sub P/o TBD

Quantity: 40

Prescriber's signature: [signature]

Date: 5/11/22

No. of repeats

Medicare/ DVA use	Quantity	Repeats	Phone/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

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

Patient's age if under 18

Has the patient previously received an authority for this medicine? Yes ☐ No ☐

Prescriber's phone no. ( )