

PBS/RPBS authority prescription

Not valid unless authorised by delegate

06550852 052

PRESCRIBER'S

NAME:

Dr. SAJJAD ARIF

ADDRESS:

27/429 Peel St.
Tamworth, NSW

TELEPHONE:

2953207

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

Pertha Branny

Patient's address

15 Edward St

Tick for return to patient

Rochester, VIC Postcode 3501

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

LAGEVRO 200mg
4 capsule P/O - BD

Pharmacist/patient copy

Dosage directions

x 5 days

Quantity

40

Prescriber's signature

[Signature]

Date

19/11/2022

No. of repeats

Grid for No. of repeats

Grid for 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

Grid for Patient's or agent's signature

Date of supply

Grid for Date of supply

Agent's address

Grid for Agent's address

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PB025.2008

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

Grid for 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. ()