

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate

06550885

PRESCRIBER'S

NAME:

DR. SAJJAD ARIK

ADDRESS:

27/429 Peel St  
Camberley, 2340, NSW

TELEPHONE:

2953287

PRESCRIBER No:

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

PAULA IPPOLITO

Patient's address

22 Kings Rd

Tick for return to patient

Five Dock

Postcode 2046

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**

LAGERIO 200mg  
4 caps. P/O BID

Pharmacist/patient copy

Dosage directions

Quantity

40

Prescriber's signature

[Signature]

Date

20/11/2022

No. of repeats

Medicare/DVA use

Quantity

Repeats

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

[Signature]

Date of supply

/ /

Agent's address

Agent's address field

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**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. ( )