

PRESCRIBER'S NAME: Dr. Margiang Kahman
(Initials) (Surname)

ADDRESS: _____

Prescriber No. 3222883

Block letters please

43193689AA

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

Patient's full name Cherie Stockil

Patient's address 19 Albury St Wagga
Wagga NSW Postcode 2650

Entitlement no.

PBS Safety Net Entitlement cardholder Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder

(Tick appropriate boxes)
 RPBS Brand substitution not permitted

Amoxicillin (500mg)
1 tab 8 hourly for 5 days

Signature

[Signature]

Date 25.11.22

I have received the medicine(s) and information relating to entitlement to a pharmaceutical benefit.

Patient's or agent's signature Date of supply 1 / 1

Agent's address _____