

**PBS/RPBS authority prescription**

Not valid unless authorised by delegate

Dr Hina Asher

MBBS

National Home Doctor

Floor 1

120 Christie St

ST LEONARDS NSW 2065

Phone: 0294103944

3011142

72495382

Patient's Medicare no.

    -    -    Patient's Ref no.

Patient's full name

Eleny Hosken

Patient's address

1/30 High St Black

Tick for return to patient

Head NSW Postcode 2430

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**

Legarid 200mg  
4 Tab BD

Pharmacist/patient copy

Dosage directions

4 Tab BD for 5 day

Quantity

40

Prescriber's signature

Date

No. of repeats

0

*JA*

25/11/12

Medicare/DVA use

Quantity

Repeats

Phone/Delegate approval

12 936

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

*JA*

Date of supply

/ /

Agent's address

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PB025.1310

**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.