PLEASE WRITE FIRMLY USE ONLY A BALL POINT PEN

Dr Syed Mohd Sharib Yusuf MBBS 13Cure Suite 15 178 Queen Street ST MARYS NSW 2760 Phone: 02 9053 7400 AC21564438 2683162 Patient's Patient's Ref no. Laken Elliott 5 Fire tail Street Thornton, New Postcode 23'22 Medicare no. Patient's full name Patient's address Entitlement no. Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder PBS Safety Net entitlement cardholder (Tick appropriate boxes) Brand substitution not permitted **RPBS** PBS 9,36 25/11/2 Privacy notice on reverse Doctor's signature Date of supply Patient's or agent's signature I declare that I have received this/these medicine(s) and the information relating \$10 to any entitlement to a

Agent's address

pharmaceutical benefit

is correct.

PB021.2008