Dr Syed Mohd Sharib Yusuf
MBBS
13Cure
Suite 15
178 Queen Street
ST MARYS NSW 2760
Phone: 02 9053 7400
2683162

AC21564442

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

Patient's full name: Kayleen Ward

Patient's address: 33 Andrews Ave,
Kooringal, NSW Postcode 2650

Entitlement no. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

PBS Safety Net entitlement cardholder [ ] Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder [ ]

(Tick appropriate boxes)

PBS [ ] RPBS [ ] Brand substitution not permitted [ ]

Amoxycillin - 500 mg
1 cap x TDS x 5 days

Privacy notice on reverse

Doctor's signature ..... Date 25/11/22

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

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

Agent's address .....

PB021.2008

Pharmacist/patient copy