

Dr Hina Asher  
MBBS  
13CURE  
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ST MARYS NSW 2760  
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3011142

AC21538592

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

Patient's full name Dale Chalfont  
Patient's address 17 water house Ave  
Lloyd 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

Pharmacist/patient copy

keflet 500mg  
Tds for 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