

12/100
10271
1/201

DOCTOR'S NAME

ADDRESS: 15/178 ^(initials) Queen St, ^(Surname) 87 May St NSW 2760
Block letters please

Patient's Medicare no.

42678302AA
2561 - 22617 - 1 Patient's Ref no. 1

Patient's full name

Monique McEwen

Patient's address

7 Wansbeck Valley Rd
WallSEND NSW Postcode 2287

Entitlement no.

[Empty grid for entitlement number]

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

Augmentin duo fort
875mg/125mg x BD x 1/52

Panadein fort 30/50mg x
1 Tab x QHR/PRN
6(six) tab x 1 Repeat

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

Date 5/10/21

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