

DOCTOR'S NAME

ADDRESS ^(Houses) 15/178 ^(Surname) Queen St. 87 Mary NSW 2760

Prescriber No.

Block letters please

Patient's Medicare no.

42678306AA

4243-44359-6

Patient's Ref no. 0

Patient's full name

Pauline Georges

Patient's address

19 Paradis Ave, Avalon Beach NSW Postcode 2107

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

Amoxicillin 500mg BD
5/7 day supply

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

1 Repeat

Date 5, 10, 21

Privacy notice on reverse

Doctor's signature

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

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