

DOCTOR'S NAME

D. Musyaf Ah

ADDRESS

13 Wpt

Prescriber No.

2838 171

Block letters please

42782138AA

Patient's Medicare no.

Grid for Medicare number with dashes

Patient's Ref no.

Patient's full name

April Richard

Patient's address

Postcode

Entitlement no.

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

707

875/125

7 days 1 x 30

Privacy notice on reverse

Doctor's signature

[Signature]

Date

09, 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

Agent's address

Date of supply

1 1