

DOCTOR'S NAME:

(initials)

(Surname)

ADDRESS: 15/178 Queen St, St. Mary NSW

Prescriber No.

Block letters please

42678307AA

Patient's Medicare no.

2410 - 43615 - 4

Patient's Ref no. 6

Patient's full name

Sugara Hemara

Patient's address

1/39 Kentucky Road Riverwood NSW Postcode 2210

Entitlement no.

[Empty boxes 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

Prednisolone 30mg x OD

x 3/7 day supply

Dr M N Arfeen

Provider: 548566BK

Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

[Handwritten signature]

Date 9/10/21

Patient's or agent's signature

Date of supply

/ /

Agent's address

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