

DOCTOR'S NAME

(initials)

(Surname)

ADDRESS: 15/178 Queen St, St. Marys NSW 2760

Prescriber No.

Block letters please

42678310AA

Patient's Medicare no.

2 5 7 0 - 6 0 1 3 6 - 5

Patient's Ref no.

2

Patient's full name

Gesse Le - seive

Patient's address

25/10-14 Arthur St,  
Merrylands West Postcode NSW 2160

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

Panadein forte (30/500)mg  
1 tab x 6HR  
10(ten) tab only

Dr M N Arfeen  
Provider: 548566BK  
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

[Signature]

Date

15/10/12

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

PB021.2008

Patient's or agent's signature

[Signature]

Agent's address

Date of supply

1/1