

DOCTOR'S NAME:

(Surname)

DR RUKHSANA REHMAN

ADDRESS:

Prescriber No.

PROVIDER 5486476B

PRESCRIBER 3012978

15, 178 QUEEN ST

ST. MARYS, NSW 2760



42678314AA

Patient's Medicare no.

NA - - - - - Patient's Ref no.

Patient's full name

KINNON PETERS - LIMERICK

Patient's address

62 BOURNE ST, TAMWORTH
NSW. Postcode 2340.

Entitlement no.

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

Amoxicillin and clavulanic Acid (Augmentin Duo) SYP. (400/57mg in 5ml)

5ml x 12 hourly.
(Two times/day)
for 5 days

Privacy notice on reverse

Doctor's signature



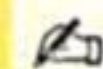
R. Rehma

Date

07/11/2021

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

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