DOCTOR'S NAME RUKHSANA REHMAN.
(Initials) (Surname)

ADDRESS 15/178 Queen St. St. marys NSW 2760

Prescriber No. 3012978
Provider: 5480476B
Block letters please

42678316AA

Patient's Medicare no. - -

Patient's Ref no.

Patient's full name JONO ITALIANO.

Patient's address 419 HIBISCUS St
TOM PRICE, WA Postcode 6751.

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

Pharmacist/patient copy

- MIRTAZAPINE (30mg)
  1 tablet Daily
  (7 tablets) (seven)
- OLANZAPINE (5mg)
  1 tablet Daily
  (7 tablets) (seven).

Privacy notice on reverse

Doctor's signature

Date 09/11/21.

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

Date of supply / /

Agent's address

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PB021.2008