

DOCTOR'S NAME:

(Initials)

(Surname)

ADDRESS:

Prescriber No.

Dr RUKHSAN AREHMANN

PROVIDER: 5486476B

PRESCRIBER: 3012978

15-178 GILLIN ST.

Block letters please

ST. MARYS, NSW 2760



42678315AA

Patient's Medicare no.

Grid for Medicare number

Patient's Ref no.

Grid for Ref number

Patient's full name

JOANNE GOODELLIS

Patient's address

13/124 Wellington St.

Ormiston, QLD Postcode 4160

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

- LYRICA (300mg)
1 Capsule x twice a day
For 5 days (10 capsules)
- SEROQUEL (50mg) tab
150mg at night Daily
For 5 days (15 tablets)

Privacy notice on reverse

Doctor's signature

Rukhsan

Date

09/11/2021

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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