

13Cure  
Suite 15/178 Queen Street  
St Marys NSW 2760  
Phone: 02 9053 8573

2165057

AB82894269

Patient's Medicare no.  -  -  Patient's Ref no.

Patient's full name *Michelle Gooden*

Patient's address *51 Bruce St*

*Wagga* Postcode *2650*

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

*Amoxicil 500mg*  
*qty 20*  
*ie t.d.s e e*  
*#*

Privacy notice on reversal

Doctor's signature

*Kyle*

Date *14.11.21*

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