DOCTOR'S NAME (initials) (Surname)

ADDRESS 15/178 Queen St, St Marys NSW, 2768

Prescriber No.

Block letters please

42678317AA

Patient's Medicare no. →N/A [ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ] Patient's Ref no. [ ]

Patient's full name: Janet Dowling

Patient's address: 28 Lambert Ave, Holden Hill, SA Postcode 5088

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 500mg x BD x 5/7 day course

x 1 Repeat

Dr M N Arfeen
Provider:548566BK
Prescriber:3012659

Privacy notice on reverse

Doctor's signature ..... Date 27/11/21

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

Pharmacist/patient copy