

ADDRESS: 15/178 Queen St, A May NSW 2760

Prescriber No.

Block letters please

42678318AA

2738 - 98683 - 3 Patient's Ref no. 2

Patient's Medicare no.

Patient's full name

Patient's address

Michelle Burns
6A Ashton St Metford
NSW Postcode 2323

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

Augmentin Duo forte
8Kmg/125mg x 1 Tab
x BD x 1/52 week
x 1 repeat.

Dr M N Arfeeh
Provider: 548566 BK
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

/ /