DOCTOR'S NAME

(Initials) (Surname)

ADDRESS 15/178 Queen St, St. Mary NSW 2760

Prescriber No.

Block letters please

42678320AA

Patient's Medicare no. 2581 - 06046 - 6 Patient's Ref no. 1

Patient's full name Melanie Dewar

Patient's address 11 Caloola Street
Hillvue NSW Postcode 2340

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 × BD
× 1/52 week course
× 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

PB021.2008

Pharmacist/patient copy