DOCTORS NAME:

ADDRESS: 15/178 (initials) Queen St, (Surname) St. Marys NSW

Prescriber No.

Block letters please

42678322AA

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

Patient's full name: Stephanie Salazar

Patient's address: 38 Beino Rd, Waterloo

Corner ~~NSW~~ SA Postcode 5810

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

Clomipramine 75mg OD
(50 tab) fifty ×01 Repeats

Quetiapine 25mg OD
60 (Sixty) tab × 01 Repeat

Janumet 50/500mg OD
56 tab
(fifty six) × 01 Repeat

Privacy notice on reverse

Doctor's signature

Date 27/11/21

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

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

prescription