

DOCTOR'S NAME

ADDRESS 15/178 Queen St, St Mary NSW 2766

Prescriber No.

Block letters please

42678321AA

Patient's Medicare no.

2354-48976-4

Patient's Ref no.

1

Patient's full name

Veronica Heyland

Patient's address

44L Warric Road, Dubbo NSW Postcode 2830

Entitlement no.

[Empty grid for entitlement number]

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

Ondansetron 4mg wafers

PRN/4 Hourly

max 16mg/24HR

12 wafers x 1 Repeat

Privacy notice on reverse

Doctor's signature

[Handwritten signature]

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

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

1 1

Agent's address