

DOCTOR'S NAME

ADDRESS: <sup>(Initials)</sup> 15/178 <sup>(Surname)</sup> Queen St, St Mary NSW 2760

Prescriber No.

Block letters please

42678323AA

Patient's Medicare no.

Grid for Medicare number and Patient's Ref no.

Patient's full name

Gary Donald Fell

Patient's address

79 Maloneys Drive, Maloneys Beach NSW Postcode 2536

Entitlement no.

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

Doxycycline 100mg x BD x 1/52 week

x 1 Repeat

Dr M N Arfeen  
Provider: 548566 BK  
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

*[Handwritten Signature]*

Date 27/11/20

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