

ADDRESS

15/178 Queen St, St. Marys 2780
New

Prescriber No.

Block letters please

42678325AA

Patient's Medicare no.

2085-27237-3

Patient's Ref no. 1

Patient's full name

Joanne Bancroft

Patient's address

10 Lucette Place Castle Hill, NSW Postcode 2154

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

Augmentin Duo fort x 1 Tab x
(675/125)mg BD
x 5/7 day.

Pharmacist/patient copy

Dr M N Arfeen
Provider: 548566PK
Prescriber: 3012659

Privacy notice on reverse

Doctor's signature

Date

11/12/21

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