

DOCTOR'S NAME

ADDRESS <sup>(if relevant)</sup> 15/178 Queen St, St. Mary NSW 2760 <sup>(Surname)</sup>

Prescriber No.

Block letters please

42678326AA

Patient's Medicare no.

5128-01609-9

Patient's Ref no. 6

Patient's full name

Billy Cranwell

Patient's address

26 Almeta St, Hope Valley  
SA Postcode 5090

Entitlement no.

[Empty boxes 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

Prednisolone (5mg/ml) x PO

2ml x 24 HOUR

x 1 Repeat.

Privacy notice on reverse

Doctor's signature

[Handwritten signature]

Dr M N Arfeen  
Provider 548566BK  
Prescriber 3012659

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

[Handwritten signature]  
Agent's address

1/1