(Initials) (Surname)

ADDRESS 15/178 Queen St, St. Mary NSW 2768

Prescriber No.

Block letters please

Patient's Medicare no. → N/A

42678327AA

Patient's Ref no.

Patient's full name: Allison Wholstenholme

Patient's address: 21ake Parade, Cooimal

NSW Postcode 2518

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 ☐

Sumatriptan 50mg tab

Dose :- 50-100 mg/dose (max 300 mg per day) orally x 2HR/PRN

30 tab x No Repeat

Dr M N Arfeen
Provider: 548566BK
Prescriber: 3012659

Pharmacist/patient copy

Privacy notice on reverse

Doctor's signature ..... Date / /

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

NON-PBS Items should be written