Muhammad Mohsin
MBBS. AMC
13CURE
Suite 15/178 Queen Street
St Marys NSW 2760
Phone: 13 28 73

2643669 AB97423837

Patient's Medicare no. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ] - [ ] Patient's Ref no. [ ]

Patient's full name: Evan Kalpaxis.

Patient's address: 171 Caroline Chisholm
Dr, Winston Hill Postcode

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 [ ]

Pharmacist/patient copy

Lyrica 150mg
1 x BD — 10
Ten tablets of Lyrica
one fifty Mg.

Privacy notice on reverse

Doctor's signature ..... Date 12/03/22

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

PB021.1310

Muhammad Mohsin
MBBS, AMC
13CURE
Suite 15/178 Queen Street
St Marys NSW 2760
Phone: 13 28 73

2643669 AB97423838

Patient's Medicare no. | | | | | - | | | | | | - | | Patient's Ref no. | |

Patient's full name: Evan Kalpaxis.

Patient's address: 171 Caroline Chisholm Dr Winston Hill Postcode 2153

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 ☐

Pharmacist/patient copy

Stemetil 5mg ×20

/

Privacy notice on reverse

Doctor's signature ✍ ..... Date 12/03/22

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

PB021.1310