

DOCTOR'S NAME

Dr Muslafa Al
(initial) (Surname)

ADDRESS

13 WRE

Prescriber No

2838171

Block letters please

42782137AA

Patient's Medicare no.

- - Patient's Ref no.

Patient's full name

Nicola Parlone

Patient's address

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

Prunulo t N

1 x 705

1 week

30

Privacy notice on reverse

Doctor's signature



Date

7, 10, 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



Agent's address

Date of supply

1 1