

DOCTOR'S NAME:

(Initials)

(Surname)

ADDRESS: 15/178 Queen St, St. Marys NSW 2760

Prescriber No.

Block letters please

42678312AA

Patient's Medicare no.

→ N/A

Patient's Ref no.

Patient's full name

Tom Hamilton

Patient's address

43 King William St,
Greenwich NSW Postcode 2065

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

Cialis 10mg 1 Tab x OD/BN

(4 tabs)

x 1 Repeat.

Pharmacist/patient copy

Dr M N Arfeen
Provider: 548566 BK
Prescriber: 3012659

Date 16/10/21

Privacy notice on reverse

Doctor's signature

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