



Australian Government
Medicare Australia

**Order for
PBS/RPBS authority
prescription books**



Prescriber type

Nurse Practitioner

Midwife

NP

MW

Office use only

Batch no./Order no.

Prescriber's number

Prescriber's full name

Prescriber's delivery address - number, street, suburb or town (not PO box)

Postcode

Telephone no:

If name or address has changed since last order, please advise previous name and/or address

Quantity of books required (25 forms in each)

2

5

(Please tick)

Prescriber's signature

Date

If you have previously ordered PBS/RPBS prescription books and do not require changes to details, please attach an existing form.

OR

In the space below please type or print the details required on your personalised forms including name, qualifications, address, postcode and telephone number.

Telephone number must be shown:

Prescriber no.

(Not provider no.)

Please note: Please send completed and signed form to:

Prescription Pad Order Clerk
Pharmaceutical Benefits Branch
Medicare Australia
GPO Box 9826
Sydney NSW 2001