Australian Government
Medicare Australia

Order for PBS/RPBS computer prescription forms

PBS

Please return this order to: –
Prescription Pad Order Clerk
Pharmaceutical Benefits Branch
Medicare Australia
GPO Box 9826
SYDNEY NSW 2001
Phone (02) 9895 3295

Office use only
Batch no./Order no.

Prescriber type

☐ Nurse Practitioner NP ☐ Midwife MW

Prescriber's number

Prescriber's full name	
Prescriber's address (for delivery only) **Not** PO box	**Postcode**
Prescriber's contact phone number	( )

Quantity of forms required ☐ **1,000 forms (single sheet)** ☐ **2,000 forms (single sheet) (please tick)**

Prescriber's signature _____ **Date** ____/____/____

Important – Practice address details

1. **If you have previously ordered PBS/RPBS computer prescription forms and do not require changes to details, please attach/adhere the name and address details from the back of an existing form in the space below.**

OR

2. **In the spaces below please print in block letters the details required on your personalised forms. (Please ensure that your information is accurate. If your details are not fully completed the form will be returned.)**

(Boxes represent the number of characters/spaces available per line)

Practice name	
Street address	
Suburb/town/ postcode	
Telephone	

This information will be pre-printed on the reverse of the form.

The front of the form must be personalised by the practice computer system, and should include your:

a) prescriber name; and

b) prescriber number in the space provided.