

Prescriber's name

Prescriber address

Town/City/Postcode

Prescriber no: 123456 NP

Patient's
Medicare no.

1 2 3 4 - 5 6 7 8 9 - 0

Patient's
Ref no. 1

Patient's full name

Patient's name

Patient's address

Patient's address

Postcode

Entitlement no.

1 2 3 4 5 6 7

Safety Net entitlement
cardholder

Concessional or dependant, RPBS beneficiary
or Safety Net concession cardholder

(Tick appropriate boxes)

PBS

RPBS

Brand substitution not permitted

Pharmacist/patient
copy

Amoxicillin capsules 500mg

1 tds

Qty. 20

1 repeat

Privacy note
on reverse

Prescriber's
signature

A. Prescriber

Date 01 / 11 / 2010

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

[Signature]

/ /

Agent's address