



Application for Approval to Supply Pharmaceutical Benefits

by a Registered Medical Practitioner
Section 92 *National Health Act 1953*

I (name in full)

Contact Phone No.

MR/MRS/MS

of (postal address)

hereby apply for approval to supply pharmaceutical benefits under Section 92 of the *National Health Act 1953*, in the area of

I will be practising from premises situated at

Telephone number

The nearest pharmacist is located at

I hereby declare that I am a medical practitioner registered as such under the law of the State/Territory of

Medical Registration Certificate Number

Registration date

/ /

Anticipated date of commencement

/ /

Anticipated date of ceasing

/ /

→ Supply information where it is expected that the approval will be used for a limited period.

Signature (of applicant)

Date

/ /

Please Note: The information provided by you on this form and the attached documents will be used to assess your application for approval and, should approval be granted, for maintaining Medicare Australia's approvals database. Its collection is authorised by law and may be disclosed to the Department of Health and Ageing. The making of a false statement in connection with your application is subject to heavy penalties under the *National Health Act 1953*.