Australian Government
Medicare Australia

PBS

Request for pharmaceutical supplies for Aboriginal Health Services (AHS)

Section 100 *National Health Act 1953*

AHS registration number:	Order form number
Community name:	
Address:	
	Postcode:

To be completed by the qualified health professional from the above AHS.

I certify that the items listed have been requested by the above AHS and are for the treatment of patients of the health service.

Full name (please print)	Signature	Date

Serial number (Pharmacy use)	**Code**	**Manufacturer's code**	**Description of goods (item, form, and strength**	**Quantity required**	**Quantity supplied** (multiples of PBS maximum)

Pharmacy approval number:	
Pharmacy name:	
Address:	
	Postcode:

To be completed by the pharmacist.

I certify that the goods listed have been supplied to the AHS named above and all medicines have been supplied in accordance with all the terms and conditions.

Pharmacist's signature	Date of supply	Claim reference number

It is an offence under the *Crimes Act 1914* to obtain monies from the Australian Government or any public authority under the Australian Government by means of any false pretence or untrue representation.