



Application for approval to prescribe medications under the Pharmaceutical Benefits Scheme

by a registered dental practitioner
section 88 (1A) National Health Act 1953

Section 1—Personal details

Title Dr Mr Mrs Ms Miss Other (please specify)

Family name First name

Other given names Date of birth / / Gender M/F

Provider Number

Section 2—Personal contact details

For this application only For general mailout purposes

Telephone number (during business hours) <input type="text"/>	Street details <input type="text"/>
Mobile <input type="text"/>	OR Postal details PO Box number <input type="text"/> or GPO Box number <input type="text"/>
Facsimile number <input type="text"/>	Suburb/Locality <input type="text"/>
Pager <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
	Email <input type="text"/>

Section 3—Declaration

I hereby apply for approval as a participating dental practitioner under section 88(1A) of the *National Health Act 1953* for the purpose of prescribing pharmaceutical benefits.

Signature of applicant Date / /

Privacy note: the information provided by you on this form will be used to assess your application and to allocate a prescriber number that will enable you to participate in the Pharmaceutical Benefits Scheme under section 88(1A) of the *National Health Act 1953*. This information may be disclosed to the Department of Human Services, the Department of Health and Ageing, Department of Veterans' Affairs, or as authorised/required by law.

Please note: The making of a false statement in connection with your application is subject to heavy penalties under the *National Health Act 1953*.

Section 4—For office use only

Approved Date / /

Participating Dental Prescriber number

Advice of approval despatched / /

Section 5—Lodgement details

When completed, please post to:
Medicare Australia Provider Eligibility Section
PO Box 9822 (in your capital city)
 OR
 Via facsimile to:
 NSW and ACT (02) 9895 3439 VIC (03) 9605 7984 QLD (07) 3004 5634 NT (08) 8922 6322
 SA (08) 8274 9307 WA (08) 9214 8201 TAS (03) 6215 5700

Please note: Where applications are faxed, you must retain your original documents for auditing purposes.
Enquiries: Telephone 132 150 (8:30am to 5:00pm Monday to Friday) or email medicare.prov@medicareaustralia.gov.au