PBS/RPBS authority prescription

Not valid unless authorised by delegate

Dr A Practitioner
99 Station Street
CENTRAL NSW 2001
Phone: (02) 9999 9999

Prescriber Number
123456

Patient's Medicare no. 1234 - 56789 - 1 Patient's Ref no. 2

Patient's full name: Jae Citizen

Patient's address: 22 Sample Lane

Tick for return to patient ☐ Sydney NSW Postcode 2000

Entitlement no.

PBS Safety Net entitlement cardholder ☐ Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder ☐

Authorisation is requested for the following:

(Tick appropriate boxes)

PBS prescription from state manager, Medicare ☑

RPBS prescription from the authorised delegate of the Repatriation Commission ☐

Brand substitution not permitted ☐

Only one item per form

Clopidogrel 75mg tablet

Pharmacist/patient copy

Dosage directions: Take 1 tablet daily

Quantity: 28

No. of repeats: 5

Prescriber's signature: Dr A Practitioner

Date: 01/01/XX

Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval
			1234

I declare that I have received this medicine and the information relating to any entitlement to a pharmaceutical benefit is correct.

Patient's or agent's signature

Date of supply: / /

Agent's address

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PB025.1310

SAMPLE