

Dr E Practitioner
99 Sample Street
CANBERRA ACT 2600
Phone: (02) 9999 9999

Prescriber Number
987654

Patient's Medicare no.

1	2	3	4	-	1	2	3	4	5	-	1
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 Patient's Ref no.

2

Patient's full name

<i>Jae Citizen</i>

Patient's address

<i>44 Example Road</i>	
<i>Canberra ACT</i>	Postcode <i>2601</i>

Pharmaceutical benefits entitlement no.

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

(Tick appropriate boxes)

PBS RPBS Brand substitution not permitted

Pharmacist/patient copy

Amoxicillin capsule 250 mg

Take 1 tablet 3 times a day

Qty: 20 capsules

0 Repeats

Privacy notice on reverse

Dentist's signature

Dr E Practitioner

Date *01/01/20XX*

For dental treatment only

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

/ /

Agent's address

Prescription is valid for 12 months