

# PBS/RPBS authority prescription for optometrists

Not valid unless authorised by delegate

Dr E Practitioner (BOptom)

1 Main Street

MELBOURNE VIC 3000

Phone: (03) 9999 9999

Prescriber Number

1111111

Patient's  
Medicare no.

1 2 3 4 - 5 6 7 8 9 - 1 Patient's Ref no. 2

Patient's full name

Jae Citizen

Patient's address

1 Station Street

Tick for return  
to patient

Melbourne VIC

Postcode 3000

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

Aciclovir eye ointment 3%

Pharmacist/patient copy

Dosage  
directions

Apply 5 times daily to the left eye

Quantity

3

Optometrist's signature

Date

No. of repeats

5

E Practitioner

01/01/XX

Medicare/  
DVA use

Quantity  
3X4.5g

Repeats

5

Phone/Delegate approval

Z1234AB

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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