

PBS/RPBS authority prescription for nurse practitioners and midwives

Not valid unless authorised by delegate

Sam Sample
90 Main Street
DARWIN NT 0800
Phone: (08) 9999 9999
Prescriber No. 4567890

NP

Patient's Medicare no. - - Patient's Ref no.

Patient's full name *Jae Citizen*

Patient's address *55 Example Place*

Tick for return to patient *Darwin NT* Postcode *0800*

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

Adrenaline 300 mcg / 0.3 ml injection (EpiPen)

Pharmacist/patient copy

Dosage directions *Inject ONE syringe IM PRN for severe allergic reaction*

Quantity Prescriber's signature _____ Date _____

No. of repeats *S Sample* *01/01 XX*

Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval
			<i>Z4321AB</i>

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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