

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

Prescriber Number  
123456

Patient's  
Medicare no.

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

*Jae Citizen*

Patient's address

*22 Smith Street*

*Central NSW*

Postcode *2001*

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

*Omeprazole capsule 20 mg*

*Take 1 D*

*Qty: 30 capsules*

*1 Repeat*

Privacy notice  
on reverse

Doctor's signature

*Dr A Practitioner*

Date

*01/01/20XX*

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