

# Order for PBS computer prescription forms for all eligible prescribers (PB229)

## When to use this form

Use this form to request PBS computer prescription forms for all eligible prescribers.

## Filling in this form

Services Australia will **only accept typed** prescription order forms. We will return handwritten, incomplete or poor quality forms to the prescriber.

Your PBS stationery must be delivered to an address that is already registered with us. If delivered to a PO Box, this address must be recorded with us as **your preferred mailing address**.

**Note:** Page 2 must be completed and returned.

## Health Professional Online Services (HPOS)

HPOS allows eligible prescribers to place PBS stationery orders online using the PBS Stationery Online Ordering System (PSOOS), without needing to complete an order form.

HPOS provides a secure and convenient online service for health professionals to streamline interactions with Medicare.

To access your record through HPOS, you will need a Provider Digital Access (PRODA) account.

To register for a PRODA account and to find out more about HPOS, go to [servicesaustralia.gov.au/hpos](http://servicesaustralia.gov.au/hpos)

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## Prescriber order details

1 Prescriber full name (as registered with us)

2 Prescriber number

3 Provider number

4 Select quantity of cartons required according to your prescriber type

Medical Practitioner 2000 forms per carton	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Nurse Practitioner or Midwife 1000 forms per carton	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Optometrist 1000 forms per carton	1 <input type="checkbox"/>		
Dental Practitioner 500 forms per carton	1 <input type="checkbox"/>		

5 Delivery address (must be recorded with us)

Prescriber full name

Practice name

Unit  Suite  Shop  Floor number

Address

Suburb/Town

State/Territory  Postcode

Phone number

Email (to provide tracking details)

## Privacy notice

- 6 The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

## Declaration

- 7 I declare that:
- this form is submitted on behalf of and with the authorisation of the prescriber identified above.
  - the information I have provided in this form is complete and correct.
- I understand that:
- if this form is handwritten, incomplete or poor quality, it will be returned to me.
  - the information I have provided in this form will be supplied securely to Services Australia.
  - giving false or misleading information is a serious offence.

Prescriber's name or name of person placing the order

Date

## Returning your form

Check that all sections are complete and that a name and date have been provided. Send the completed form:

- by email to:**  
**PBS.Stationery.Orders@servicesaustralia.gov.au**  
**Note:** There may be risks with sending personal information through unsecured networks or email channels.
- by post to:**  
**Services Australia**  
**Pharmaceutical Benefits Branch**  
**GPO Box 9826**  
**In your capital city**