

Order for PBS prescription pads for all eligible prescribers (PB283)

When to use this form

Use this form to request PBS prescription pads 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. Limit your details to the space provided (**maximum 50 characters** per line).

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: All pages 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

Important Information

Prescribers working within a public hospital and prescribing in a public capacity must contact their hospital administration team to arrange hospital prescription stationery.

Locum format (partial personalisation) prescription pads are offered to support locum practice, for example prescribers working in multiple practice locations in a private capacity.

Interim format (no personalisation) prescription pads are offered to support access to blank prescription pads for interim use while personalised products are arranged.

Prescribers are responsible for completing omitted details.

Prescriber order details

Prescribers working in a public hospital are limited to what stationery they access.

- 1 Are you a prescriber working in a public hospital setting and prescribing in a public capacity?
- No *Go to next question*
- Yes Contact your hospital administration to arrange stationery

- 2 Prescriber full name (as registered with us)

- 3 Prescriber qualifications

- 4 Prescriber number

- 5 Provider number

- 6 Prescriber current practice name and address (not PO Box)
Practice name

Unit Suite Shop Floor number

Address

Suburb/Town

State/Territory Postcode

Phone number

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

7 Select quantity of pads required according to your prescriber type

	Standard (100 forms per pad)			
Medical Practitioner	5 <input type="checkbox"/>	10 <input type="checkbox"/>	25 <input type="checkbox"/>	50 <input type="checkbox"/>
Nurse Practitioner or Midwife	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	
Dental Practitioner	2 <input type="checkbox"/>	5 <input type="checkbox"/>		

	Authority (25 forms per pad)	
Medical Practitioner	5 <input type="checkbox"/>	10 <input type="checkbox"/>
Nurse Practitioner or Midwife	2 <input type="checkbox"/>	5 <input type="checkbox"/>
Optometrist	5 <input type="checkbox"/>	10 <input type="checkbox"/>

8 Type of personalisation required
(Select **ONE** option below)

Personalised format (full personalisation).
Prescription pads will be personalised with details entered in **questions 2, 3, 4 and 6** of this form, or

Locum format (partial personalisation).
Choose **ONE** format as required:

Prescriber personalisation:
Prescriber name
Prescriber qualifications
Prescriber number

or

Practice personalisation:
Practice name
Practice address
Phone number

Provide reason (required)

Interim pad can be selected as a standalone order **or** in addition to one personalisation option selected above.

Interim format (no personalisation).
Only **2** pads permitted per prescription type. Choose which pad(s) are required:

Standard prescription pad
 Authority prescription pad

Provide reason (required)

9 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

10 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

Declaration

11 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