

# PBS/RPBS authority prescription

Not valid unless authorised by delegate

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	
Patient's full name	Jae Citizen														
Patient's address	22 Sample Lane														
Tick for return to patient <input type="checkbox"/>	Sydney NSW										Postcode	2000			
Entitlement no.															
PBS Safety Net entitlement cardholder <input type="checkbox"/>	Concessional or dependant, RPBS beneficiary or PBS Safety Net concession cardholder <input type="checkbox"/>														

## 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

**Atezolizumab injection**

Pharmacist/patient copy

Dosage directions	Dose 1200mg every 3 weeks														
Quantity	1200mg	Prescriber's signature											Date		
No. of repeats	7	 Dr A Practitioner											01/ 01/ XX		
Medicare/DVA use	Quantity	Repeats	Phone/Delegate approval												
			1234(5)												

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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