

Prescriber no. [Redacted]

Prescriber no. [Redacted]



BPS07594000487645

Patient's Medicare no.

Patient's Medicare no.

Pharmaceutical benefits entitlement no. [Redacted]

Pharmaceutical benefits entitlement no. [Redacted]

PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder

PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder

Patient's name **Mrs Bertha Test**
Address **45 Apple Street
Beaconsfield 3806**

Patient's name **Mrs Bertha Test**
Address **45 Apple Street
Beaconsfield 3806**

23/05/2017

Script ID: 048764

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Script ID: 048764

Date

Date

PBS RPBS Brand substitution not permitted

PBS RPBS Brand substitution not permitted

Prenoxad 1mg/mL Solution for injection(Naloxone hydrochloride)
prn
Quantity: 1*2mL. No repeats.
1 item printed

[Redacted]

pharmacist/pharmacist COPY

Prenoxad 1mg/mL Solution for injection(Naloxone hydrochloride)
prn
Quantity: 1*2mL. No repeats.
1 item printed

[Redacted]

Medicare/DVA

Doctor to sign original and duplicate

Turn over for privacy notice

I declare that I have received this/these medicine(s) and the information relating to any entitlement to a pharmaceutical benefit is correct.

Turn over for privacy notice