

eRx
EXPRESS



Prescriber no. [Redacted]

Prescriber no. [Redacted]

Patient's Medicare no. /0

Patient's Medicare no. /0

Pharmaceutical benefits entitlement no. [Redacted]
 PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder

Pharmaceutical benefits entitlement no. [Redacted]
 PBS Safety Net entitlement cardholder (cross relevant box) Concessional or dependant RPBS beneficiary or PBS Safety Net concession cardholder

Patient's name Mr Test1234
Address 29 Grey Street, St Kilda West. 3182

Patient's name Mr Test1234
Address 29 Grey Street, St Kilda West. 3182

Date 13/07/2017
PBS X RPBS Brand substitution not permitted

Date 13/07/2017
PBS X RPBS Brand substitution not permitted

Pharmacist patient COPY
Script No.: 064034776791
NALOXONE HYDROCHLORIDE INJECTION
400mcg/1mL
1 p.r.n.
Qty: 5*1mL No repeats.
1 item.
[Redacted Signature]

Medicare / DVA
Script No.: 064034776791
NALOXONE HYDROCHLORIDE INJECTION
400mcg/1mL
1 p.r.n.
Qty: 5*1mL No repeats.
1 item.
[Redacted Signature]

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

Patient's or agent's signature _____ Date of supply / /
Agent's address _____

eRx

