

## PBS-RPBS authority prescription

23758031

Not valid unless authorised by delegate

Dr. A Practitioner M.B.B.S.

1 Main Street

Central NSW 2001

Ph: (99) 999 99999

Prescriber no: 123456

Patient's Medicare no.	6 9 0 0 - 8 2 3 1 7 - 1	Patient's Ref no.	1
Patient's full name	Mary Citizen		
Patient's address	22 Smith Street		
Tick for return to patient <input type="checkbox"/>	Central NSW	Postcode	2001
Entitlement no.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Safety Net entitlement cardholder <input type="checkbox"/>	Concessional or dependant, RPBS beneficiary or Safety Net concession cardholder <input type="checkbox"/>		

### Authorisation is requested for the following:

(Tick appropriate boxes)

PBS prescription from state manager, Medicare Australia

RPBS prescription from the authorised delegate of the Repatriation Commission

Brand substitution not permitted

Only one item per form

MAVENCLAD® (cladribine 10mg tablets)

4 tab packs

Rx 8 tablets

Pharmacist/patient copy

Dosage directions	Take as recommended by your doctor		
Quantity	2	Prescriber's signature	Date
No. of repeats	0	A. Practitioner	01/01/2019
Medicare Australia/DVA use	Quantity	Repeats	Phone/Delegate approval
		0	e.g. 11604R

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

Privacy note: The information recorded on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs numbers will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme and to determine payments due to pharmacists. With your consent the pharmacist or doctor may store your Medicare number for use on future prescriptions. The collection of this information is authorised by the National Health Act 1953 and may be disclosed to the Department of Health and Ageing, Department of Veterans' Affairs or as authorised or required by law. This information may also be disclosed to doctors and pharmacists.