

PHARMACEUTICAL BENEFITS—NHS/RPBS		MARK RELEVANT BOX	
REPEAT AUTHORISATION		G 4 9 0 3 7 1 4	
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED		Form PB13A (2/88)	
Serial No.	To be allocated by Pharmacist dispensing supply under this Authorisation	GEN	XX
PATIENT'S NAME	MR SIMON BLAIR WARK	CON	
ADDRESS	ROSA ST	PEN	
	OATLEY	RPBS	
Authority Number	Entitlement Number		
ORIGINAL PRESCRIPTION TRANSCRIPTION (Item, Strength, Quantity, Directions and Deferred Supply, if applicable)			
PROTHIADEN TABS 75mg 30 Take ONE tablet at NIGHT			
Dr. JOHN GOLDBAUM		95001104	
ORIGINAL PRESCRIPTION DETAILS		No. OF TIMES ALREADY DISPENSED (INCLUDING ORIGINAL SUPPLY) IF ORIGINAL NOT SUPPLIED INSERT '0'	
DATE	NHS APPROVAL No.	PRICED ITEMS ONLY	
12/12/89	1767B	\$	
No.	No. OF REPEATS AUTHORISED		
95001104	2	1	
NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY		NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION	
		BIG BEAR MEDICAL CENTRE PHARMACY NEUTRAL BAY APP. NO 1767B 12/12/89	
PRESCRIPTION No. THIS SUPPLY		DATE THIS AUTHORISATION PREPARED	
I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.			
Patient's or Agent's Receipt			
Agent's Address			
Date of Supply / /			

Have Blair's possessions assured - we will come & collect them. 20906 Water Police ~~453-5844~~ (John Cox)

330571

Pharmaceutical Benefits Entitlement Number

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CONCESSIONAL BENEFICIARY OR DEPENDANT PENSIONER OR DEPENDANT OR ENTITLEMENT CARD HOLDER (Cross Relevant Box)

PATIENT'S NAME Sinclair, Alan, Wark
 ADDRESS [Redacted] Kaitiaki St
 DATE 12/11/89 Oatley
 N.H.S. [Redacted]

DUPLICATE

Ph: [Redacted] P. [Redacted] the aden
 tabs. 75mg
 Sig. in nocte
He (30)
Rpt 2

DOCTOR'S SIGNATURE [Signature]
 I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of Supply _____ Patient's or Agent's Signature _____
 Agent's Address _____

PB 35 (12/88)

Have Alan's possessions insured - we will come & collect them.
 20906 Water Police
~~453-5844~~ (John Cox)

30002

DEPARTMENT OF THE ARMY
 DEPARTMENT OF THE NAVY
 DEPARTMENT OF THE AIR FORCE
 DEPARTMENT OF THE COAST GUARD
 DEPARTMENT OF THE MARINE CORPS
 DEPARTMENT OF THE NATIONAL GUARD
 DEPARTMENT OF THE NATIONAL RESERVE

ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 COUNTRY: _____

NAME: _____
 TITLE: _____
 ORGANIZATION: _____

PHONE: _____
 FAX: _____
 E-MAIL: _____

MAILING LIST: _____
 SOURCE: _____
 DATE: _____

COMMENTS: _____

APPROVED: _____
 DATE: _____

RECEIVED: _____
 DATE: _____

100104
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