

PBS/RPBS Authority Form No: 00553511

Sriramareddy, Suresh  
Next Step, 312 Spencer Rd., THORNIE, WA 6108  
Ph: 92672400 Fax: 94528681  
2293011

Tester, Jill  
12 Waltham Road, 399 6399,  
CANNINGTON, WA, 6107

5/07/2025



DOB: 06/10/1937

Methadone hydrochloride 5 mg/mL 1 mL  
Syrup

5mg test only  
Qty: 1 mL [1] --- 2 x Repeat/s  
(ASPEN METHADONE )  
Route: Oral  
qweqasDSADADSadskj;hkasnd  
hjasbfjasbdfnbknnknsfkdnlkjsdaf  
sjladfhlsadbfbkjlbnskdnfknsadfn  
hbsaldfblkbjklbnkdnfknsfadmkn  
askjdbflasnfdkfnkasdnfnasdfklnsnfklnas  
kjasbdfaskj;dfn;knkl;lsfd  
Pharmacy: Advantage Pharmacy Bedford,BEDFORD  
-----1 item-----

Sriramareddy, Suresh

Authority Approval No: 16083

Authorised by Delegate:

- Medicare Australia / DVA Copy -

PBS/RPBS Authority Form No: 00553511

Sriramareddy, Suresh  
Next Step, 312 Spencer Rd., THORNIE, WA 6108

Ph: 92672400 Fax: 94528681 5/07/2025  
Prescriber No : 2293011 Approval No : 16083  
Patient : Tester, Jill  
12 Waltham Road, 399 6399, CANNINGTON, WA, 6107

Methadone hydrochloride 5 mg/mL 1 mL Syrup

5mg test only  
Qty: 1 mL [1] --- 2 x Repeat/s  
(ASPEN METHADONE )  
Route: Oral  
qweqasDSADADSadskj;hkasnd  
hjasbfjasbdfnbknnknsfkdnlkjsdaf  
sjladfhlsadbfbkjlbnskdnfknsadfn  
hbsaldfblkbjklbnkdnfknsfadmkn  
askjdbflasnfdkfnkasdnfnasdfklnsnfklnas  
kjasbdfaskj;dfn;knkl;lsfd  
Pharmacy: Advantage Pharmacy Bedford,BEDFORD  
-----1 item-----

Previous Authority ? Y/N  
Indication for use of Item:  
Chronic severe disabling pain<BR>Treatment Phase: Initial treatment, for

PBS/RPBS Authority Form No: 00553511

Sriramareddy, Suresh  
Next Step, 312 Spencer Rd., THORNIE, WA 6108  
Ph: 92672400 Fax: 94528681  
2293011

Tester, Jill  
12 Waltham Road, 399 6399,  
CANNINGTON, WA, 6107

5/07/2025



DOB: 06/10/1937

Methadone hydrochloride 5 mg/mL 1 mL  
Syrup

5mg test only  
Qty: 1 mL [1] --- 2 x Repeat/s  
(ASPEN METHADONE )  
Route: Oral  
qweqasDSADADSadskj;hkasnd  
hjasbfjasbdfnbknnknsfkdnlkjsdaf  
sjladfhlsadbfbkjlbnskdnfknsadfn  
hbsaldfblkbjklbnkdnfknsfadmkn  
askjdbflasnfdkfnkasdnfnasdfklnsnfklnas  
kjasbdfaskj;dfn;knkl;lsfd  
Pharmacy: Advantage Pharmacy Bedford,BEDFORD  
-----1 item-----

Sriramareddy, Suresh

Authority Approval No: 16083

Authorised by Delegate:

- Doctors Copy -

PBS/RPBS Authority Form No: 00553511

Sriramareddy, Suresh  
Next Step, 312 Spencer Rd., THORNIE, WA 6108

Ph: 92672400 Fax: 94528681 5/07/2025  
Prescriber No : 2293011 Approval No : 16083  
Patient : Tester, Jill  
12 Waltham Road, 399 6399, CANNINGTON, WA, 6107

Methadone hydrochloride 5 mg/mL 1 mL Syrup

5mg test only  
Qty: 1 mL [1] --- 2 x Repeat/s  
(ASPEN METHADONE )  
Route: Oral  
qweqasDSADADSadskj;hkasnd  
hjasbfjasbdfnbknnknsfkdnlkjsdaf  
sjladfhlsadbfbkjlbnskdnfknsadfn  
hbsaldfblkbjklbnkdnfknsfadmkn  
askjdbflasnfdkfnkasdnfnasdfklnsnfklnas  
kjasbdfaskj;dfn;knkl;lsfd  
Pharmacy: Advantage Pharmacy Bedford,BEDFORD  
-----1 item-----

Previous Authority ? Y/N  
Indication for use of Item:  
Chronic severe disabling pain<BR>Treatment Phase: Initial treatment, for

up to 3 months<BR> <B>Clinical criteria:</B> <BR> Patient must be receiving palliative care,<BR> <B>AND</B> <BR> The condition must be unresponsive to non-opioid analgesics.

up to 3 months<BR> <B>Clinical criteria:</B> <BR> Patient must be receiving palliative care,<BR> <B>AND</B> <BR> The condition must be unresponsive to non-opioid analgesics.