








## Medication Chart



Address:		DOB: 18 Aug 1946	Medicare: 22310201312
		Phone:	Sex: Male ID: 376450
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> Dr Hugh MacLeod <b>Address:</b> , , <b>Phone:</b> <b>Fax:</b>	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Rosuvastatin TAB 40mg (CAVSTAT)	1 in the morning.	09/05/2021		cease / change
 Metformin hydrochloride ER-TAB 1g (DIAFORMIN XR)	1 in the morning.	09/05/2021		cease / change
 Colecalciferol (Vitamin D3) TAB 1000IU (25mcg) (PHCY CARE VITAMIN D)	1 in the morning.	09/05/2021		cease / change
 Amlodipine, Valsartan TAB 10mg/160mg (VALSARTAN/AMLODIPIN (NOVARTIS))	1 in the morning.	09/05/2021		cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
 Macrogol 3350+NaCl+KCl+HCO3 SACH 13.125g (MOLAXOLE)	1 bd	23/05/2021		cease / change
 Paracetamol TAB 500mg (PARAPANE)	2 every 4-6 hours	23/05/2021		cease / change
 Denosumab PFS 60mg/1mL (PROLIA PFS)	1 every six months	23/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
CAVSTAT TAB/40mg	Rosuvastatin	Pink, oval, biconvex, marked R, 40 on reverse
DIAFORMIN XR ER-TAB/1g	Metformin hydrochloride	White to off-white, oval, marked 1000 on one side
MOLAXOLE SACH/13.125g	Macrogol 3350+NaCl+KCl+HCO3	Sachet

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.








Patient Name: <b>Leona ANDERSON</b>		ID: 376450	Date of Birth: 18 August 1946
Supplied Medication	Drug Name		Physical Description
PARAPANE TAB/500mg	Paracetamol		White, capsule shaped, scored
PHCY CARE VITAMIN D TAB/1000IU (25mcg)	Colecalciferol (Vitamin D3)		White, round, biconvex
PROLIA PFS PFS/60mg/1mL	Denosumab		Prefilled syringe with needle
VALSARTAN/AMLODIPIN (NOVARTIS) TAB/10mg/160mg	Amlodipine, Valsartan		Light yellow, ovaloid, marked NVR, UIC on reverse

Notes:

## Medication Chart



Address:		DOB: 20 Aug 1958	Medicare: 25834137142
Drug Allergies: <b>Nil Known</b>		Phone:	Sex: Female ID: 377623
Special Instructions:		Food Allergies: <b>Nil Known</b>	
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	


Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
 Amitriptyline hydrochloride TAB 50mg (AMITRIPTYLINE (ALPHA)) [Psychotropic]	1 at night.	09/05/2021		cease / change
 Baclofen TAB 10mg (CLOFEN)	1 three times a day.	09/05/2021		cease / change
 Pregabalin CAP 300mg (LYZALON) [Psychotropic]	1 capsule twice a day.	09/05/2021		cease / change
 >Mycophenolate mofetil CAP 250mg (MYCOPHENOLATE (PHARMACOR)) [Non-Cytotoxic]	1 bd	06/06/2021		cease / change
 Trimethoprim, Sulfamethoxazole TAB 160mg/800mg (RESPRIM FORTE)	1 tablet in the morning (M/W/F)	09/05/2021		cease / change
 Pantoprazole EC-TABS 20mg (SALPRAZ)	1 in the morning.	09/05/2021		cease / change
 Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)	1 capsule in the morning.	09/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
AMITRIPTYLINE (ALPHA) TAB/50mg [Psychotropic]	Amitriptyline hydrochloride	Tan, hexagonal, f-c, marked AP50, alpha symbol on reverse
CLOFEN TAB/10mg	Baclofen	White, round, scored, marked BN/10, G on reverse
LYZALON CAP/300mg [Psychotropic]	Pregabalin	Peach/cream, marked MYLAN, PG300
>MYCOPHENOLATE (PHARMACOR) CAP/250mg [Non-Cytotoxic]	Mycophenolate mofetil	
RESPRIM FORTE TAB/160mg/800mg	Trimethoprim, Sulfamethoxazole	White, elongated, score, marked 1660/800, RF on reverse

Date of Issue:

Pharmacist Signature:

> PHCY ADDED MEDICATION

 Non-Crushable: recommended not to crush.  
Reference SHPA Don't Rush to Crush

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Liesle BICKLEY</b>		ID: 377623	Date of Birth: 20 August 1958
Supplied Medication	Drug Name		Physical Description
SALPRAZ EC-TABS/20mg	Pantoprazole		Yellow, oval, biconvex, enteric coated
TRUST VITAMIN D3 CAP/1000IU (25mcg)	Colecalciferol (Vitamin D3)		Small yellow gel capsule

Notes:

## Medication Chart



Address:		DOB: 7 Feb 1930	Medicare: 20242635891
		Phone:	Sex: Male ID: 377624
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date																																				
<div> <div>Packette</div> <table border="1"> <tr> <td></td><td>Donepezil hydrochloride TAB 10mg (ARAZIL) [Psychotropic]</td><td>1 tablet at night.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Warfarin sodium TAB 1mg (COUMADIN) [Reproductive Hazardous]</td><td>1 d Tues, Thus, Sat, Sun</td><td>10/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Warfarin sodium TAB 2mg (COUMADIN) [Reproductive Hazardous]</td><td>1 tablet daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Warfarin sodium TAB 2mg (COUMADIN) [Reproductive Hazardous]</td><td>1 daily M, W, F</td><td>10/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Telmisartan TAB 40mg (MIZART)</td><td>1 tablet in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> </table> </div>						Donepezil hydrochloride TAB 10mg (ARAZIL) [Psychotropic]	1 tablet at night.	09/05/2021	cease / change		Warfarin sodium TAB 1mg (COUMADIN) [Reproductive Hazardous]	1 d Tues, Thus, Sat, Sun	10/05/2021	cease / change		Warfarin sodium TAB 2mg (COUMADIN) [Reproductive Hazardous]	1 tablet daily.	09/05/2021	cease / change		Warfarin sodium TAB 2mg (COUMADIN) [Reproductive Hazardous]	1 daily M, W, F	10/05/2021	cease / change		Telmisartan TAB 40mg (MIZART)	1 tablet in the morning.	09/05/2021	cease / change					cease / change					cease / change
	Donepezil hydrochloride TAB 10mg (ARAZIL) [Psychotropic]	1 tablet at night.	09/05/2021	cease / change																																			
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	Warfarin sodium TAB 2mg (COUMADIN) [Reproductive Hazardous]	1 tablet daily.	09/05/2021	cease / change																																			
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				cease / change																																			
				cease / change																																			

Supplied Medication	Drug Name	Physical Description
ARAZIL TAB/10mg [Psychotropic]	Donepezil hydrochloride	White, round, f-c, marked DL over 10, G on reverse
COUMADIN TAB/1mg [Reproductive Hazardous]	Warfarin sodium	Light tan, round, scored, marked COUMADIN/1
COUMADIN TAB/2mg [Reproductive Hazardous]	Warfarin sodium	Lavender, round, scored, marked COUMADIN 2
MIZART TAB/40mg	Telmisartan	White to off-white, biconvex, oval-shaped, marked L203

Notes:

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:






















Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.



## Medication Chart



Address:		DOB: 17 Feb 1942	Medicare: 24646146351
		Phone:	Sex: Female ID: 377627
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date																																														
<div> <div>Packette</div> <table> <tr> <td></td><td>Quinapril TAB 20mg (ACQUIN)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Ezetimibe, Atorvastatin TAB 10mg/80mg (ATOZET)</td><td>1 daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Aspirin EC-TABS 100mg (CARDASA)</td><td>1 daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Levothyroxine sodium TAB 50mcg (EUTROXSIG)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Metoprolol succinate CR-TAB 95mg (MINAX XL)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))</td><td>2 tablets twice a day.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)</td><td>1 daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> </table> </div>						Quinapril TAB 20mg (ACQUIN)	1 in the morning.	09/05/2021	cease / change		Ezetimibe, Atorvastatin TAB 10mg/80mg (ATOZET)	1 daily.	09/05/2021	cease / change		Aspirin EC-TABS 100mg (CARDASA)	1 daily.	09/05/2021	cease / change		Levothyroxine sodium TAB 50mcg (EUTROXSIG)	1 in the morning.	09/05/2021	cease / change		Metoprolol succinate CR-TAB 95mg (MINAX XL)	1 in the morning.	09/05/2021	cease / change		Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tablets twice a day.	09/05/2021	cease / change		Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)	1 daily.	09/05/2021	cease / change					cease / change					cease / change
	Quinapril TAB 20mg (ACQUIN)	1 in the morning.	09/05/2021	cease / change																																													
	Ezetimibe, Atorvastatin TAB 10mg/80mg (ATOZET)	1 daily.	09/05/2021	cease / change																																													
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	Levothyroxine sodium TAB 50mcg (EUTROXSIG)	1 in the morning.	09/05/2021	cease / change																																													
	Metoprolol succinate CR-TAB 95mg (MINAX XL)	1 in the morning.	09/05/2021	cease / change																																													
	Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tablets twice a day.	09/05/2021	cease / change																																													
	Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)	1 daily.	09/05/2021	cease / change																																													
				cease / change																																													
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Supplied Medication	Drug Name	Physical Description
ACQUIN TAB/20mg	Quinapril	Yellow, round, marked 20, scored
ATOZET TAB/10mg/80mg	Ezetimibe, Atorvastatin	White to off-white, capsule-shaped, biconvex, f-c, marked 357
CARDASA EC-TABS/100mg	Aspirin	Orange, round, marked with heart shape on one side
EUTROXSIG TAB/50mcg	Levothyroxine sodium	White, round, scored, marked 50
MINAX XL CR-TAB/95mg	Metoprolol succinate	White, oblong, marked MT3, M on reverse, scored
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

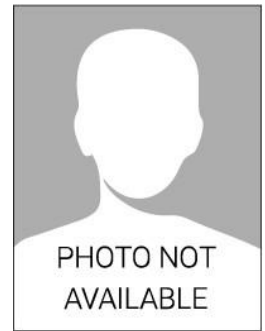
Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Dorothy FARR</b>		ID: 377627	Date of Birth: 17 February 1942
Supplied Medication	Drug Name		Physical Description
TRUST VITAMIN D3 CAP/1000IU (25mcg)	Colecalciferol (Vitamin D3)		Small yellow gel capsule


Notes:



# Medication Chart



Address:		DOB: 22 Dec 2018	Medicare: 20229578981
Drug Allergies: <b>Nil Known</b>		Phone:	Sex: Male ID: 377628
Special Instructions:		Food Allergies: <b>Nil Known</b>	
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
 Candesartan cilexetil TAB 16mg (ADESAN)	1 at night.	09/05/2021		cease / change
 Rosuvastatin TAB 5mg (CAVSTAT)	1 every second day.	09/05/2021		cease / change
 Carvedilol TAB 12.5mg (DICARZ)	1 tablet twice daily.	09/05/2021		cease / change
 Venlafaxine SR-CAP 150mg (EFEXOR XR) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
 Venlafaxine SR-CAP 75mg (EFEXOR XR) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
 Apixaban TAB 5mg (ELIQUIS)	1 tablet twice daily.	09/05/2021		cease / change
 Digoxin TAB 62.5mcg (SIGMAXIN PG)	2 in the morning.	09/05/2021		cease / change
 Olanzapine TAB 5mg (ZYPREXA) [Psychotropic]	1 at night.	09/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
ADESAN TAB/16mg	Candesartan cilexetil	Mottled pink, round, biconvex, marked M/C, 31 on reverse
CAVSTAT TAB/5mg	Rosuvastatin	Yellow, round, biconvex, marked R, 5 on reverse
DICARZ TAB/12.5mg	Carvedilol	White, oval, marked 12 .5, scored both sides
EFEXOR XR SR-CAP/150mg [Psychotropic]	Venlafaxine	Dark orange, marked W 150mg in white
EFEXOR XR SR-CAP/75mg [Psychotropic]	Venlafaxine	Pink, marked W, 75mg in red

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.










Patient Name: <b>Robert FLICK</b>		ID: 377628	Date of Birth: 22 December 2018
Supplied Medication	Drug Name		Physical Description
ELIQUIS TAB/5mg	Apixaban		Pink, oval, f-c, marked 894, 5 on reverse
SIGMAXIN PG TAB/62.5mcg	Digoxin		Blue, round, marked U3A
ZYPREXA TAB/5mg [Psychotropic]	Olanzapine		White, round, film coated, marked LILLY 4115

Notes:

**Medication Chart**



Address:		DOB: 14 Nov 1927	Medicare: 20133401072
Drug Allergies: <b>Nil Known</b>		Phone:	Sex: Female ID: 377629
Special Instructions:		Food Allergies: <b>Nil Known</b>	
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Amitriptyline hydrochloride TAB 25mg (AMITRIPTYLINE (ALPHA)) [Psychotropic]	1 at night.	09/05/2021		cease / change
 Mirabegron SR-TAB 50mg (BETMIGA)	1 at night.	09/05/2021		cease / change
 Bisoprolol fumarate TAB 2.5mg (BISPRO)	1 at night.	09/05/2021		cease / change
 Aspirin EC-TABS 100mg (CARDASA)	1 in the morning.	09/05/2021		cease / change
 Rosuvastatin TAB 40mg (CAVSTAT)	1 at night.	09/05/2021		cease / change
 Levothyroxine sodium TAB 100mcg (EUTROXSIG)	1 in the morning.	09/05/2021		cease / change
 Furosemide (frusemide) TAB 20mg (FRUSEMIDE (APO))	1 in the morning.	09/05/2021		cease / change
 Colecalciferol (Vitamin D3) TAB 1000IU (25mcg) (PHCY CARE VITAMIN D)	1 daily.	09/05/2021		cease / change
 Clopidogrel TAB 75mg (PIAX)	1 in the morning.	09/05/2021		cease / change
 Potassium chloride SR-TAB 600mg (SPAN K)	1 tablet twice daily.	09/05/2021		cease / change
 Ramipril TAB 1.25mg (TRYZAN)	1 in the morning.	09/05/2021		cease / change
 Ezetimibe TAB 10mg (ZIENT)	1 daily.	09/05/2021		cease / change
				cease / change
				cease / change
<b>Other Medication</b>				
 Denosumab PFS 60mg/1mL (PROLIA PFS)	1 every 6 months	23/05/2021		cease / change



**Date of Issue:**

**Pharmacist Signature:**

**Date of Issue:**

**Doctor Signature:**

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Hazel GRAY</b>		ID: 377629	Date of Birth: 14 November 1927		
Regular Continuous		Directions	Start Date	Dr Sign / Date	
Other Medication					
					cease / change
					cease / change
When Required (PRN)		Directions & Indication	Start Date	Dr Sign / Date	
Original Medication					
Original Pack	Glyceryl trinitrate SL-SPRY 400mcg (NITROLINGUAL)	1-2 prn	23/05/2021		cease / change
	Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tds	23/05/2021		cease / change
	Rabeprazole sodium EC-TABS 20mg (RABEPRAZOLE (MYLAN))	1 m	23/05/2021		cease / change
					cease / change
					cease / change









Supplied Medication	Drug Name	Physical Description
AMITRIPTYLINE (ALPHA) TAB/25mg [Psychotropic]	Amitriptyline hydrochloride	Yellow, round, f-c, scored, marked AP/25, alpha symbol on reverse
BETMIGA SR-TAB/50mg	Mirabegron	Yellow, oval, f-c, marked logo 355
BISPRO TAB/2.5mg	Bisoprolol fumarate	Off-white, heart shaped, f-c, scored
CARDASA EC-TABS/100mg	Aspirin	Orange, round, marked with heart shape on one side
CAVSTAT TAB/40mg	Rosuvastatin	Pink, oval, biconvex, marked R, 40 on reverse
EUTROXSIG TAB/100mcg	Levothyroxine sodium	White, round, scored, marked 100
FRUSEMIDE (APO) TAB/20mg	Furosemide (frusemide)	White, round, bevel edged, marked F over 2, plain on reverse
NITROLINGUAL SL-SPRY/400mcg	Glyceryl trinitrate	Oral spray
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side
PHCY CARE VITAMIN D TAB/1000IU (25mcg)	Colecalciferol (Vitamin D3)	White, round, biconvex
PIAX TAB/75mg	Clopidogrel	White, round, biconvex, bevelled, marked M, C27 on reverse
PROLIA PFS PFS/60mg/1mL	Denosumab	Prefilled syringe with needle
RABEPRAZOLE (MYLAN) EC-TABS/20mg	Rabeprazole sodium	Yellow, round, biconvex, e-c, plain on both sides
SPAN K SR-TAB/600mg	Potassium chloride	White, round
TRYZAN TAB/1.25mg	Ramipril	White, oblong, bevel edged
ZIENT TAB/10mg	Ezetimibe	White, capsule shaped, marked 414



Notes:

# Medication Chart



Address:		DOB: 25 Sep 1930	Medicare: 23961850881
		Phone:	Sex: Female ID: 377630
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
	Bisoprolol fumarate TAB 2.5mg (BISPRO)	0.5 daily.	09/05/2021	cease / change
	Furosemide (frusemide) TAB 20mg (FRUSEMIDE (APO))	1 tablet twice daily.	09/05/2021	cease / change
	Sitagliptin, Metformin hydrochloride TAB 50mg/850mg (JANUMET)	1 tablet twice daily.	09/05/2021	cease / change
	Atorvastatin TAB 40mg (LORSTAT)	1 at night.	09/05/2021	cease / change
	Clopidogrel TAB 75mg (PIAX)	1 daily.	09/05/2021	cease / change
	Pantoprazole EC-TABS 40mg (SALPRAZ)	1 in the morning.	09/05/2021	cease / change
	Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)	1 daily.	09/05/2021	cease / change
	Amlodipine, Valsartan TAB 10mg/320mg (VALSARTAN/AMLODIPIN (NOVARTIS))	1 at night.	09/05/2021	cease / change
				cease / change
				cease / change

Other Medication				
	Magnesium aspartate dihydrate TAB 37.4mg (PHCY CARE MAG 500mg)	2 tds	23/05/2021	cease / change
	Fish oil (natural) CAP 1000mg (QH O/ LESS FISH OIL)	2 bd	23/05/2021	cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.










Patient Name: <b>Clare HAGENS</b>		ID: 377630	Date of Birth: 25 September 1930
Supplied Medication	Drug Name	Physical Description	
BISPRO TAB/2.5mg	Bisoprolol fumarate	Off-white, heart shaped, f-c, scored	
FRUSEMIDE (APO) TAB/20mg	Furosemide (frusemide)	White, round, bevel edged, marked F over 2, plain on reverse	
JANUMET TAB/50mg/850mg	Sitagliptin, Metformin hydrochloride	Pink, oblong, film coated, marked 515	
LORSTAT TAB/40mg	Atorvastatin	White, oval, biconvex, f-c, marked 40, scored on reverse	
PHCY CARE MAG 500mg TAB/37.4mg	Magnesium aspartate dihydrate	White, round, biconvex	
PIAX TAB/75mg	Clopidogrel	White, round, biconvex, bevelled, marked M, C27 on reverse	
QH O/LESS FISH OIL CAP/1000mg	Fish oil (natural)	Yellow-brown, soft gel cap	
SALPRAZ EC-TABS/40mg	Pantoprazole	Yellow, oval, biconvex, enteric coated	
TRUST VITAMIN D3 CAP/1000IU (25mcg)	Colecalciferol (Vitamin D3)	Small yellow gel capsule	
VALSARTAN/AMLODIPIN (NOVARTIS) TAB/10mg/320mg	Amlodipine, Valsartan	Dark yellow, ovaloid, marked NVR, LUF on reverse	

Notes:

## Medication Chart



Address:		DOB: 30 Jun 1958	Medicare: 23073461091
		Phone:	Sex: Male ID: 377631
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Aspirin CAP 100mg (ASTRIX)	1 in the morning.	09/05/2021		cease / change
 Bisoprolol fumarate TAB 2.5mg (BISPRO)	1 in the morning.	09/05/2021		cease / change
 Bisoprolol fumarate TAB 5mg (BISPRO)	1 in the morning.	09/05/2021		cease / change
 Calcitriol CAP 0.25mcg (CALITROL)	1 three times per week.	06/06/2021		cease / change
 Rosuvastatin TAB 10mg (CAVSTAT)	1 daily.	09/05/2021		cease / change
 Escitalopram TAB 10mg (LOXALATE) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
 Allopurinol TAB 100mg (PROGOUT)	1 in the morning.	09/05/2021		cease / change
 Pantoprazole EC-TABS 40mg (SALPRAZ)	1 daily.	09/05/2021		cease / change
 Furosemide (frusemide) TAB 500mg (UREX FORTE)	0.5 in the morning.	09/05/2021		cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
Original Pack	Salbutamol CFC Free W/Counter MET-AERO 200 Dose (ASMOL CFC FREE (W/ COUNTER))	1 puff daily	23/05/2021	cease / change
Original Pack	Budesonide, Formoterol (eformoterol) SPIROMAX 400mcg/12mcg (DUORESP)	1 bd	23/05/2021	cease / change
Original Pack	Lanthanum CHEW-TAB 1000mg (FOSRENOL)	1 tds	23/05/2021	cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:



Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.



Patient Name: <b>Nicholas HALLETT</b>		ID: 377631	Date of Birth: 30 June 1958	
<b>Regular Continuous</b>	<b>Directions</b>	<b>Start Date</b>	<b>Dr Sign / Date</b>	

Other Medication				
				cease / change
				cease / change

<b>When Required (PRN)</b>	<b>Directions &amp; Indication</b>	<b>Start Date</b>	<b>Dr Sign / Date</b>	
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Original Medication				
	Paracetamol, Codeine phosphate hemihydrate TAB 500mg/30mg (CODAPANE FORTE)	1-2 every six hours	23/05/2021	cease / change
	Glyceryl trinitrate SL-SPRY 400mcg (NITROLINGUAL)	1-2 doses as required	23/05/2021	cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
ASMOL CFC FREE (W/COUNTER) MET-AERO/200 Dose	Salbutamol CFC Free W/Counter	Metered aerosol
ASTRIX CAP/100mg	Aspirin	Clear capsule containing white enteric coated pellets
BISPRO TAB/2.5mg	Bisoprolol fumarate	Off-white, heart shaped, f-c, scored
BISPRO TAB/5mg	Bisoprolol fumarate	Yellowish white, heart shaped, scored
CALITROL CAP/0.25mcg	Calcitriol	Red, oval, soft gelcap
CAVSTAT TAB/10mg	Rosuvastatin	Pink, round, biconvex, marked R, 10 on reverse
CODAPANE FORTE TAB/500mg/30mg	Paracetamol, Codeine phosphate hemihydrate	White, capsule shaped, marked P/F, scored
DUORESP SPIROMAX/400mcg/12mcg	Budesonide, Formoterol (eformoterol)	Breath actuated device
FOSRENOL CHEW-TAB/1000mg	Lanthanum	White to off-white, round, flat, bevel edged, marked S405 over 1000
LOXALATE TAB/10mg [Psychotropic]	Escitalopram	White, oval, scored, marked EC/10, G on reverse
NITROLINGUAL SL-SPRY/400mcg	Glyceryl trinitrate	Oral spray
PROGOUT TAB/100mg	Allopurinol	White, round, marked AL/100, G on reverse
SALPAZ EC-TABS/40mg	Pantoprazole	Yellow, oval, biconvex, enteric coated
UREX FORTE TAB/500mg	Furosemide (frusemide)	White, round, scored






Notes:




## Medication Chart



Address:		DOB: 2 Dec 1946	Medicare: 20945276512
		Phone:	Sex: Female ID: 377632
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Irbesartan TAB 75mg (ABISART 75)	1 in the morning.	09/05/2021		cease / change
 A,D3,E,B1,B2,B6,B12,K1, Biotin + other TAB (CENTRUM WOMEN 50+)	1 in the morning.	09/05/2021		cease / change
 Esomeprazole CAP 20mg (NOXICID)	1 at night.	09/05/2021		cease / change
 Sodium chloride TAB 600mg (SALT)	1 in the morning.	09/05/2021		cease / change
 Duloxetine CAP 30mg (TIXOL) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
 Quetiapine TAB 25mg (SYQUET) [Psychotropic]	3 at night	09/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
ABISART 75 TAB/75mg	Irbesartan	White, oval, biconvex, marked I3 on one side
CENTRUM WOMEN 50+ TAB/	A,D3,E,B1,B2,B6,B12,K1, Biotin + other	Purple, oblong, marked C, 5 3 on reverse
NOXICID CAP/20mg	Esomeprazole	Pink, enteric capsule, marked MYLAN over EM20 on both ends
SALT TAB/600mg	Sodium chloride	White, round, uncoated

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.
















Patient Name: <b>Sandra JAMES</b>		ID: 377632	Date of Birth: 2 December 1946
Supplied Medication	Drug Name		Physical Description
SYQUET TAB/25mg [Psychotropic]	Quetiapine		Pink, round, biconvex, f-c, no markings
TIXOL CAP/30mg [Psychotropic]	Duloxetine		Blue/white, marked A, 157

Notes:

## Medication Chart



Address:		DOB: 23 Jul 1950	Medicare: 26847724041
		Phone:	Sex: Male ID: 378664
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date																																				
<div> <div>Packette</div> <table> <tr> <td></td><td>Irbesartan, Hydrochlorothiazide TAB 300mg/12.5mg (AVAPRO HCT)</td><td>1 in the morning.</td><td>17/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Rosuvastatin TAB 5mg (CAVSTAT)</td><td>1 in the morning.</td><td>17/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Nebivolol TAB 5mg (NEBIVOLOL (APO))</td><td>1 in the morning.</td><td>17/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Spironolactone TAB 25mg (SPIRACTIN 25)</td><td>0.5 in the morning.</td><td>17/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Lercanidipine hydrochloride TAB 10mg (ZIRCOL)</td><td>1 in the morning.</td><td>17/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> </table> </div>						Irbesartan, Hydrochlorothiazide TAB 300mg/12.5mg (AVAPRO HCT)	1 in the morning.	17/05/2021	cease / change		Rosuvastatin TAB 5mg (CAVSTAT)	1 in the morning.	17/05/2021	cease / change		Nebivolol TAB 5mg (NEBIVOLOL (APO))	1 in the morning.	17/05/2021	cease / change		Spironolactone TAB 25mg (SPIRACTIN 25)	0.5 in the morning.	17/05/2021	cease / change		Lercanidipine hydrochloride TAB 10mg (ZIRCOL)	1 in the morning.	17/05/2021	cease / change					cease / change					cease / change
	Irbesartan, Hydrochlorothiazide TAB 300mg/12.5mg (AVAPRO HCT)	1 in the morning.	17/05/2021	cease / change																																			
	Rosuvastatin TAB 5mg (CAVSTAT)	1 in the morning.	17/05/2021	cease / change																																			
	Nebivolol TAB 5mg (NEBIVOLOL (APO))	1 in the morning.	17/05/2021	cease / change																																			
	Spironolactone TAB 25mg (SPIRACTIN 25)	0.5 in the morning.	17/05/2021	cease / change																																			
	Lercanidipine hydrochloride TAB 10mg (ZIRCOL)	1 in the morning.	17/05/2021	cease / change																																			
				cease / change																																			
				cease / change																																			

Supplied Medication	Drug Name	Physical Description
AVAPRO HCT TAB/300mg/12.5mg	Irbesartan, Hydrochlorothiazide	Peach mottled, oval, marked 2876, heart shape on reverse
CAVSTAT TAB/5mg	Rosuvastatin	Yellow, round, biconvex, marked R, 5 on reverse
NEBIVOLOL (APO) TAB/5mg	Nebivolol	White to off-white, round, biconvex, marked APO over N5, cross scored on reverse
SPIRACTIN 25 TAB/25mg	Spironolactone	Pale orange, round, marked SP/1, alpha symbol on reverse
ZIRCOL TAB/10mg	Lercanidipine hydrochloride	Yellow, round, f-c, scored on one side

Notes:

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.





## Medication Chart



Address:		DOB: 23 Dec 1952	Medicare: 22885979831
		Phone:	Sex: Male ID: 378665
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Metformin hydrochloride ER-TAB 1g (DIAFORMIN XR)	1 daily.	17/05/2021		cease / change
 Carvedilol TAB 12.5mg (DICARZ)	1 twice daily.	17/05/2021		cease / change
 Apixaban TAB 5mg (ELIQUIS)	1 twice daily.	17/05/2021		cease / change
 Sacubitril, Valsartan TAB 48.65mg/51.4mg (ENTRESTO 49/51)	Take 1 twice daily	06/07/2021		cease / change
 Furosemide (frusemide) TAB 40mg (FRUSEMIDE (APO))	1 twice daily.	17/05/2021		cease / change
 Atorvastatin TAB 40mg (LORSTAT)	1 in the evening.	17/05/2021		cease / change
 Pregabalin CAP 150mg (LYZALON) [Psychotropic]	1 twice daily.	17/05/2021		cease / change
 Pregabalin CAP 25mg (LYZALON) [Psychotropic]	2 twice daily.	17/05/2021		cease / change
 Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tablets three times a day.	17/05/2021		cease / change
 Colecalciferol (Vitamin D3) CAP 1000IU (25mcg) (TRUST VITAMIN D3)	2 at noon.	17/05/2021		cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
 NOBORAPID FLEXPEN BGL 8-9.9 TEXT (Text Instruction)	4-8 units tds.	17/05/2021		cease / change
 Insulin glargine PFP 300u/mL 1.5mL (TOUJEO SOLOSTAR)	120 units in the morning.	17/05/2021		cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

 Non-Crushable: recommended not to crush.  
Reference SHPA Don't Rush to Crush

Patient Name: <b>Allan KIRKPATRICK</b>		ID: 378665	Date of Birth: 23 December 1952	
Regular Continuous	Directions	Start Date	Dr Sign / Date	
Other Medication				
				cease / change
				cease / change



















Supplied Medication	Drug Name	Physical Description
DIAFORMIN XR ER-TAB/1g	Metformin hydrochloride	White to off-white, oval, marked 1000 on one side
DICARZ TAB/12.5mg	Carvedilol	White, oval, marked 12 .5, scored both sides
ELIQUIS TAB/5mg	Apixaban	Pink, oval, f-c, marked 894, 5 on reverse
ENTRESTO 49/51 TAB/48.65mg/51.4mg	Sacubitril, Valsartan	Pale yellow, ovaloid, marked NVR, L1 on reverse
FRUSEMIDE (APO) TAB/40mg	Furosemide (frusemide)	Off-white, round, marked F over 4, scored on reverse
LORSTAT TAB/40mg	Atorvastatin	White, oval, biconvex, f-c, marked 40, scored on reverse
LYZALON CAP/150mg [Psychotropic]	Pregabalin	Peach/cream, marked MYLAN, PB150
LYZALON CAP/25mg [Psychotropic]	Pregabalin	Peach/cream, marked MYLAN, PB25
NOVORAPID FLEXPEN BGL 8-9.9 TEXT/	Text Instruction	Text Instruction
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side
TOUJEO SOLOSTAR PFP/300u/mL 1.5mL	Insulin glargine	Prefilled pen with needle
TRUST VITAMIN D3 CAP/1000IU (25mcg)	Colecalciferol (Vitamin D3)	Small yellow gel capsule

Notes:

## Medication Chart



Address:		DOB: 12 Sep 1942	Medicare: 21388694381
		Phone:	Sex: Male ID: 377636
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date																																									
<div> <div>Packette</div> <table> <tr> <td></td><td>Bisoprolol fumarate TAB 10mg (BISPRO)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Rosuvastatin TAB 10mg (CAVSTAT)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Telmisartan TAB 80mg (MIZART)</td><td>1 daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Spironolactone TAB 25mg (SPIRACTIN 25)</td><td>1 daily.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Furosemide (frusemide) TAB 40mg (UREMIDE)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td>Rivaroxaban TAB 20mg (XARELTO)</td><td>1 in the morning.</td><td>09/05/2021</td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> <tr> <td></td><td></td><td></td><td></td><td>cease / change</td></tr> </table> </div>						Bisoprolol fumarate TAB 10mg (BISPRO)	1 in the morning.	09/05/2021	cease / change		Rosuvastatin TAB 10mg (CAVSTAT)	1 in the morning.	09/05/2021	cease / change		Telmisartan TAB 80mg (MIZART)	1 daily.	09/05/2021	cease / change		Spironolactone TAB 25mg (SPIRACTIN 25)	1 daily.	09/05/2021	cease / change		Furosemide (frusemide) TAB 40mg (UREMIDE)	1 in the morning.	09/05/2021	cease / change		Rivaroxaban TAB 20mg (XARELTO)	1 in the morning.	09/05/2021	cease / change					cease / change					cease / change
	Bisoprolol fumarate TAB 10mg (BISPRO)	1 in the morning.	09/05/2021	cease / change																																								
	Rosuvastatin TAB 10mg (CAVSTAT)	1 in the morning.	09/05/2021	cease / change																																								
	Telmisartan TAB 80mg (MIZART)	1 daily.	09/05/2021	cease / change																																								
	Spironolactone TAB 25mg (SPIRACTIN 25)	1 daily.	09/05/2021	cease / change																																								
	Furosemide (frusemide) TAB 40mg (UREMIDE)	1 in the morning.	09/05/2021	cease / change																																								
	Rivaroxaban TAB 20mg (XARELTO)	1 in the morning.	09/05/2021	cease / change																																								
				cease / change																																								
				cease / change																																								

Supplied Medication	Drug Name	Physical Description
BISPRO TAB/10mg	Bisoprolol fumarate	Pale orange to light orange, heart shaped, scored
CAVSTAT TAB/10mg	Rosuvastatin	Pink, round, biconvex, marked R, 10 on reverse
MIZART TAB/80mg	Telmisartan	White to off-white, biconvex, oval-shaped, marked L204
SPIRACTIN 25 TAB/25mg	Spironolactone	Pale orange, round, marked SP/1, alpha symbol on reverse
UREMIDE TAB/40mg	Furosemide (frusemide)	White, round, scored, marked FE/40, alpha symbol on reverse
XARELTO TAB/20mg	Rivaroxaban	Brown red, round, marked triangle over 20, BAYER cross on reverse

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Robert KORFF</b>	ID: 377636	Date of Birth: 12 September 1942
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
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
# Medication Chart



Address:		DOB: 20 Jan 1950	Medicare: 21642563982
		Phone:	Sex: Female ID: 377637
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
	Doxepin TAB 50mg (DEPTRAN) [Psychotropic]	3 at night.	09/05/2021	cease / change
	Atorvastatin TAB 20mg (LORSTAT)	1 at night.	09/05/2021	cease / change
	Escitalopram TAB 20mg (LOXALATE) [Psychotropic]	1 in the morning.	09/05/2021	cease / change
	Lurasidone hydrochloride TAB 40mg (LURASIDONE (PHARMACOR)) [Psychotropic]	0.5 at night.	09/05/2021	cease / change
				cease / change
				cease / change

Other Medication				
	Methylphenidate hydrochloride TAB 10mg (RITALIN) [Controlled]	1 tablet three times a day.	09/05/2021	cease / change
				cease / change
				cease / change

When Required (PRN)	Directions & Indication	Start Date	Dr Sign / Date	
Original Medication				
	Macrogol 3350+NaCl+KCl+HCO3 SACH 13.125g (MOLAXOLE)	1 prn	23/05/2021	cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Marie LAWLIS</b>		ID: 377637	Date of Birth: 20 January 1950
Supplied Medication	Drug Name		Physical Description
DEPTRAN TAB/50mg [Psychotropic]	Doxepin		Violet, hexagonal, f-c, marked DN over 50, alpha symbol on reverse
LORSTAT TAB/20mg	Atorvastatin		White, oval, biconvex, f-c, marked 20, scored on reverse
LOXALATE TAB/20mg [Psychotropic]	Escitalopram		White, oval, score, marked EC/20, G on reverse
LURASIDONE (PHARMACOR) TAB/40mg [Psychotropic]	Lurasidone hydrochloride		White, round, marked 40, L on reverse
MOLAXOLE SACH/13.125g	Macrogol 3350+NaCl+KCl+HCO3		Sachet
RITALIN TAB/10mg [Controlled]	Methylphenidate hydrochloride		White, round, scored, marked A/B, CG on reverse


Notes:

# Medication Chart



Address:		DOB: 10 Jun 1950	Medicare: 21611946622
		Phone:	Sex: Female ID: 377638
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
 Amitriptyline hydrochloride TAB 50mg (AMITRIPTYLINE (ALPHA)) [Psychotropic]	1 at night.	09/05/2021		cease / change
 Glucosamine sulfate TAB 1500mg (BM GLUCOSAMINE SULFATE)	1 in the morning.	09/05/2021		cease / change
 Melatonin CR-TAB 2mg (CIRCADIN) [Psychotropic]	1 before bed.	09/05/2021		cease / change
 Pregabalin CAP 150mg (LYZALON) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
 Pregabalin CAP 300mg (LYZALON) [Psychotropic]	1 at night.	09/05/2021		cease / change
 Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tablets twice daily.	09/05/2021		cease / change
 Ezetimibe TAB 10mg (ZIENT)	1 at night.	09/05/2021		cease / change
				cease / change
				cease / change

When Required (PRN)	Directions & Indication	Start Date	Dr Sign / Date	
Original Medication				
 Amlodipine TAB 5mg (NORDIP)	Take 0.5 daily when needed	06/07/2021		cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.







Patient Name: <b>Wendy MALLETT</b>		ID: 377638	Date of Birth: 10 June 1950
Supplied Medication	Drug Name	Physical Description	
AMITRIPTYLINE (ALPHA) TAB/50mg [Psychotropic]	Amitriptyline hydrochloride	Tan, hexagonal, f-c, marked AP50, alpha symbol on reverse	
BM GLUCOSAMINE SULFATE TAB/1500mg	Glucosamine sulfate	White, capsule shaped, scored	
CIRCADIN CR-TAB/2mg [Psychotropic]	Melatonin	White to off white, round, biconvex	
LYZALON CAP/150mg [Psychotropic]	Pregabalin	Peach/cream, marked MYLAN, PB150	
LYZALON CAP/300mg [Psychotropic]	Pregabalin	Peach/cream, marked MYLAN, PG300	
NORDIP TAB/5mg	Amlodipine	White to off-white, round, marked AB/5, G on reverse, scored	
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side	
ZIENT TAB/10mg	Ezetimibe	White, capsule shaped, marked 414	


Notes:

# Medication Chart



Address:		DOB: 28 Aug 2019	Medicare: 22841756182
		Phone:	Sex: Male ID: 377639
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Isosorbide mononitrate SR-TAB 60mg (DURIDE)	1 in the morning.	09/05/2021		cease / change
 Gliclazide MR-TABLET 60mg (GLICLAZIDE MR (PHARMACOR))	1 at night.	09/05/2021		cease / change
 Empagliflozin TAB 10mg (JARDIANCE)	Take 1 in the morning	08/07/2021		cease / change
 Atorvastatin TAB 40mg (LORSTAT)	1 in the morning.	09/05/2021		cease / change
 Telmisartan TAB 40mg (MIZART)	1 in the morning.	09/05/2021		cease / change
 Atenolol TAB 50mg (NOTEN)	0.5 in the morning.	09/05/2021		cease / change
 Clopidogrel TAB 75mg (PIAX)	1 in the morning.	09/05/2021		cease / change
 Rabeprazole sodium EC-TABS 20mg (RABEPRAZOLE (MYLAN))	1 daily.	09/05/2021		cease / change
				cease / change
				cease / change

When Required (PRN)	Directions & Indication	Start Date	Dr Sign / Date	
<b>Original Medication</b>				
 Salbutamol CFC Free W/Counter MET-AERO 200 Dose (ASMOL CFC FREE (W/ COUNTER))	1-2 q4h prn	23/05/2021		cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.









Patient Name: <b>Warren MCCOMBE</b>		ID: 377639	Date of Birth: 28 August 2019
Supplied Medication	Drug Name		Physical Description
ASMOL CFC FREE (W/COUNTER) MET-AERO/200 Dose	Salbutamol CFC Free W/Counter		Metered aerosol
DURIDE SR-TAB/60mg	Isosorbide mononitrate		Yellow, oval, scored both sides, marked IM/60
GLICLAZIDE MR (PHARMACOR) MR-TABLET/60mg	Gliclazide		White, oblong, marked G/L, scored on both sides
JARDIANCE TAB/10mg	Empagliflozin		Pale yellow, round, biconvex, f-c, marked S10, logo on reverse
LORSTAT TAB/40mg	Atorvastatin		White, oval, biconvex, f-c, marked 40, scored on reverse
MIZART TAB/40mg	Telmisartan		White to off-white, biconvex, oval-shaped, marked L203
NOTEN TAB/50mg	Atenolol		White, oblong, scored, marked AT/50, alpha symbol on reverse
PIAX TAB/75mg	Clopidogrel		White, round, biconvex, bevelled, marked M, C27 on reverse
RABEPRAZOLE (MYLAN) EC-TABS/20mg	Rabeprazole sodium		Yellow, round, biconvex, e-c, plain on both sides

Notes:

# Medication Chart



Address:		DOB: 27 Apr 1930	Medicare: 20946948471
Drug Allergies: <b>Nil Known</b>		Phone:	Sex: Female ID: 377640
Special Instructions:		Food Allergies: <b>Nil Known</b>	
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Amiodarone hydrochloride TAB 200mg (ARATAC)	1 in the morning.	09/05/2021		cease / change
 Rosuvastatin TAB 20mg (CAVSTAT)	1 daily.	09/05/2021		cease / change
 Metoprolol tartrate TAB 50mg (MINAX 50)	0.5 at morning and night.	09/05/2021		cease / change
 Colecalciferol (Vitamin D3) TAB 1000IU (25mcg) (PHCY CARE VITAMIN D)	2 in the morning.	09/05/2021		cease / change
 Amlodipine, Valsartan TAB 10mg/320mg (VALSARTAN/AMLODIPIN (NOVARTIS))	1 at night.	09/05/2021		cease / change
 Rivaroxaban TAB 20mg (XARELTO)		08/06/2021		cease / change
 Ezetimibe TAB 10mg (ZIENT)	1 daily.	09/05/2021		cease / change
				cease / change
				cease / change
<b>Other Medication</b>				
 Levothyroxine sodium TAB 100mcg (EUTROXSIG)	1 in the morning	23/05/2021		cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:



Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Rita MCKENZIE</b>		ID: 377640	Date of Birth: 27 April 1930	
<b>When Required (PRN)</b>	<b>Directions &amp; Indication</b>	<b>Start Date</b>	<b>Dr Sign / Date</b>	

Original Medication

 <b>Temazepam TAB 10mg (TEMAZE) [Psychotropic]</b>	1 n prn	23/05/2021		cease / change
 <b>Lansoprazole OR-DISTAB 30mg (ZOPRAL)</b>	1 d prn	23/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
ARATAC TAB/200mg	Amiodarone hydrochloride	White, round, marked AM/200, G on reverse
CAVSTAT TAB/20mg	Rosuvastatin	Pink, round, biconvex, marked R, 20 on reverse
EUTROXSIG TAB/100mcg	Levothyroxine sodium	White, round, scored, marked 100
MINAX 50 TAB/50mg	Metoprolol tartrate	White, round, scored, marked ML/50, alpha symbol on reverse
PHCY CARE VITAMIN D TAB/1000IU (25mcg)	Colecalciferol (Vitamin D3)	White, round, biconvex
<b>TEMAZE TAB/10mg [Psychotropic]</b>	<b>Temazepam</b>	White, round, marked TE 10, alpha symbol on reverse
VALSARTAN/AMLODIPIN (NOVARTIS) TAB/10mg/320mg	Amlodipine, Valsartan	Dark yellow, ovaloid, marked NVR, LUF on reverse
XARELTO TAB/20mg	Rivaroxaban	Brown red, round, marked triangle over 20, BAYER cross on reverse
ZIENT TAB/10mg	Ezetimibe	White, capsule shaped, marked 414
ZOPRAL OR-DISTAB/30mg	Lansoprazole	White, speckled orange, marked LP2, M on reverse

Notes:



# Medication Chart



Address:		DOB: 9 Dec 1949	Medicare: 32216607961
		Phone:	Sex: Male ID: 377641
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	


Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
 Candesartan cilexetil TAB 16mg (ADESAN)	1 at night.	09/05/2021		cease / change
 Citalopram TAB 20mg (CELAPRAM) [Psychotropic]	1 in the morning.	09/05/2021		cease / change
 >B1,B2,B3,B6,B12, Folic acid + Other CAP (CENOVIS MEN'S MULTI)	1 at noon.	09/05/2021		cease / change
 Folic acid TAB 500mcg (MEGAFOL)	1 in the morning.	09/05/2021		cease / change
 Metoprolol tartrate TAB 50mg (MINAX 50)	1 tablet twice daily.	09/05/2021		cease / change
 >Ciclosporin CAP 10mg (NEORAL) [Non-Cytotoxic]	1 capsule twice daily.	09/05/2021		cease / change
 >Ciclosporin CAP 50mg (NEORAL) [Non-Cytotoxic]	Take 1 twice daily	06/07/2021		cease / change
 Allopurinol TAB 100mg (PROGOUT)	1 at noon.	09/05/2021		cease / change
 Pantoprazole EC-TABS 40mg (SALPRAZ)	1 in the morning.	09/05/2021		cease / change
 Sevelamer carbonate TAB 800mg (SEVELAMER (APOTEX))	2 tablets three times a day.	09/05/2021		cease / change
 Lercanidipine hydrochloride TAB 10mg (ZIRCOL)	1 at night.	09/05/2021		cease / change
				cease / change
				cease / change

Other Medication				
 Psyllium hydrophilic mucilloid POWD REGULAR (METAMUCIL)	1 bd	23/05/2021		cease / change
 Macrogol 3350+NaCl+KCl+HCO3 SACH 13.125g (MOLAXOLE)	1 bd	23/05/2021		cease / change

Date of Issue:

Pharmacist Signature:

> PHCY ADDED MEDICATION

 Non-Crushable: recommended not to crush.  
Reference SHPA Don't Rush to Crush

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>John MOON</b>		ID: 377641	Date of Birth: 9 December 1949	
Regular Continuous		Directions	Start Date	Dr Sign / Date

#### Other Medication

	Paracetamol TAB 500mg (PARAPANE)	2 qid	23/05/2021		cease / change
					cease / change
					cease / change

<i>When Required (PRN)</i>	<i>Directions &amp; Indication</i>	<i>Start Date</i>	<i>Dr Sign / Date</i>	
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#### Original Medication

	Olanzapine TAB 2.5mg (ZYPINE) [Psychotropic]	1 d prn	23/05/2021		cease / change
					cease / change
					cease / change








Supplied Medication	Drug Name	Physical Description
ADESAN TAB/16mg	Candesartan cilexetil	Mottled pink, round, biconvex, marked M/C, 31 on reverse
CELAPRAM TAB/20mg [Psychotropic]	Citalopram	White, oval, film-coated, scored, marked CM/20, G on reverse
>CENOVIS MEN'S MULTI CAP/	B1,B2,B3,B6,B12, Folic acid + Other	Brown, oblong, gelcap
MEGAFOL TAB/500mcg	Folic acid	Pale yellow, round, scored
METAMUCIL POWD/REGULAR	Psyllium hydrophilic mucilloid	Powder
MINAX 50 TAB/50mg	Metoprolol tartrate	White, round, scored, marked ML/50, alpha symbol on reverse
MOLAXOLE SACH/13.125g	Macrogol 3350+NaCl+KCl+HCO3	Sachet
>NEORAL CAP/10mg [Non-Cytotoxic]	Ciclosporin	Yellow white, oval, marked S 10mg
>NEORAL CAP/50mg [Non-Cytotoxic]	Ciclosporin	Yellow-white football marked S 50mg
PARAPANE TAB/500mg	Paracetamol	White, capsule shaped, scored
PROGOUT TAB/100mg	Allopurinol	White, round, marked AL/100, G on reverse
SALPRAZ EC-TABS/40mg	Pantoprazole	Yellow, oval, biconvex, enteric coated
SEVELAMER (APOTEX) TAB/800mg	Sevelamer carbonate	Off-white, oval, f-c, marked R789
ZIRCOL TAB/10mg	Lercanidipine hydrochloride	Yellow, round, f-c, scored on one side
ZYPINE TAB/2.5mg [Psychotropic]	Olanzapine	White, round, f-c, OZ over 2.5, G on reverse


Notes:

## Medication Chart



Address:		DOB: 25 Oct 1941	Medicare: 22204832981
		Phone:	Sex: Male ID: 377647
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
	Metformin hydrochloride TAB 1000mg (DIAFORMIN)	1 twice daily.	09/05/2021	cease / change
	Apixaban TAB 2.5mg (ELIQUIS)	1 twice daily.	09/05/2021	cease / change
	Gliclazide TAB 80mg (GLYADE)	1 twice daily.	09/05/2021	cease / change
	Empagliflozin TAB 10mg (JARDIANCE)	1 in the morning.	09/05/2021	cease / change
	Atorvastatin TAB 40mg (LORSTAT)	1 at night.	09/05/2021	cease / change
	Metoprolol tartrate TAB 50mg (MINAX 50)	1 twice daily.	09/05/2021	cease / change
	Aspirin TAB 100mg (SPREN)	1 in the morning.	09/05/2021	cease / change
				cease / change
				cease / change

Other Medication				
	Latanoprost EYE-DRP 0.005% 2.5mL (LATANOPROST (APO))	Use at night	06/07/2021	cease / change
				cease / change
				cease / change

When Required (PRN)	Directions & Indication	Start Date	Dr Sign / Date	
Original Medication				
	Temazepam TAB 10mg (TEMAZE) [Psychotropic]	1 n prn	23/05/2021	cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Lindsay TRIMBLE</b>		ID: 377647	Date of Birth: 25 October 1941	
<b>When Required (PRN)</b>	<b>Directions &amp; Indication</b>	<b>Start Date</b>	<b>Dr Sign / Date</b>	

Original Medication				
				cease / change
				cease / change




Supplied Medication	Drug Name	Physical Description
DIAFORMIN TAB/1000mg	Metformin hydrochloride	White, oblong, scored, marked MF/3, G on reverse
ELIQUIS TAB/2.5mg	Apixaban	Yellow, round, f-c, marked 893, 2½ on reverse
GLYADE TAB/80mg	Gliclazide	White, round, cross scored
JARDIANCE TAB/10mg	Empagliflozin	Pale yellow, round, biconvex, f-c, marked S10, logo on reverse
LATANOPROST (APO) EYE-DRP/ 0.005% 2.5mL	Latanoprost	Eye drops
LORSTAT TAB/40mg	Atorvastatin	White, oval, biconvex, f-c, marked 40, scored on reverse
MINAX 50 TAB/50mg	Metoprolol tartrate	White, round, scored, marked ML/50, alpha symbol on reverse
SPREN TAB/100mg	Aspirin	White, round
<b>TEMAZE TAB/10mg [Psychotropic]</b>	<b>Temazepam</b>	White, round, marked TE 10, alpha symbol on reverse

Notes:

## Medication Chart



Address:		DOB: 21 Nov 1955	Medicare:
		Phone:	Sex: Male ID: 378545
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<div> <div>Packette</div> <div>  <div> <div>Melatonin CR-TAB 2mg (CIRCADIN)</div> <div>[Psychotropic]</div> </div> </div> </div>				
	1 before bed.	17/05/2021		cease / change
 <div> <div>Perindopril erbumine, Indapamide hemihydrate TAB 4mg/1.25mg (PERINDO COMBI)</div> </div>	1 twice daiy.	17/05/2021		cease / change
 <div> <div>Lansoprazole CAP 30mg (ZOPRAL)</div> </div>	1 in the morning	01/07/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
CIRCADIN CR-TAB/2mg [Psychotropic]	Melatonin	White to off white, round, biconvex
PERINDO COMBI TAB/4mg/1.25mg	Perindopril erbumine, Indapamide hemihydrate	White, rod-shaped
ZOPRAL CAP/30mg	Lansoprazole	Pink opaque capsule, marked MYLAN over 8030

Notes:

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:









Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.





## Medication Chart



Address:		DOB: 28 Sep 1972	Medicare: 24504322481
		Phone:	Sex: Female ID: 378546
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
	Thiamine hydrochloride TAB 100mg (BETAVIT)	1 in the morning.	17/05/2021	cease / change
	Docusate sodium, Sennosides TAB 50mg/8mg (C/OWN LAXATIVE WITH SENNA)	2 once daily.	17/05/2021	cease / change
	Citalopram TAB 10mg (CELAPRAM) [Psychotropic]	1 in the morning.	17/05/2021	cease / change
	Furosemide (frusemide) TAB 20mg (FRUSEMIDE (APO))	1 in the morning.	17/05/2021	cease / change
	Multivitamin TAB (PHCY CARE DAILY MULTI 50+)	1 in the morning.	17/05/2021	cease / change
	Pantoprazole EC-TABS 20mg (SALPRAZ)	1 in the morning.	17/05/2021	cease / change
	Potassium chloride SR-TAB 600mg (SPAN K)	1 twice daily.	17/05/2021	cease / change
	Spironolactone TAB 25mg (SPIRACTIN 25)	3 twice daily.	17/05/2021	cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
	Salbutamol CFC Free W/Counter MET-AERO 200 Dose (ASMOL CFC FREE (W/ COUNTER))	2 puffs qid	17/05/2021	cease / change
	Budesonide, Formoterol (eformoterol) SPIROMAX 200mcg/6mcg (DUORESP)	1-2 puffs bd	17/05/2021	cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:



Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: Julie TWEEDIE		ID: 378546	Date of Birth: 28 September 1972		
When Required (PRN)	Directions & Indication		Start Date	Dr Sign / Date	

Original Medication

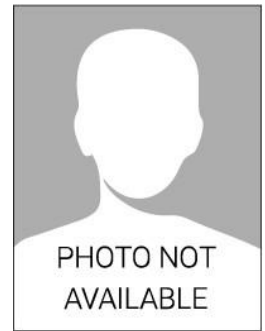
	Paracetamol TAB 500mg (PARAPANE)	1 bd	17/05/2021		cease / change
	Oxazepam TAB 15mg (SEREPAX) [Psychotropic]	0.5 n	17/05/2021		cease / change
					cease / change
					cease / change

Supplied Medication	Drug Name	Physical Description
ASMOL CFC FREE (W/COUNTER) MET-AERO/200 Dose	Salbutamol CFC Free W/Counter	Metered aerosol
BETAVIT TAB/100mg	Thiamine hydrochloride	Off-white, round, biconvex, scored
C/OWN LAXATIVE WITH SENNA TAB/50mg/8mg	Docusate sodium, Sennosides	Brown, round, film coated
CELAPRAM TAB/10mg [Psychotropic]	Citalopram	White, round, film-coated, marked CM over 10, G on reverse
DUORESP SPIROMAX/200mcg/6mcg	Budesonide, Formoterol (eformoterol)	Breath actuated device
FRUSEMIDE (APO) TAB/20mg	Furosemide (frusemide)	White, round, bevel edged, marked F over 2, plain on reverse
PARAPANE TAB/500mg	Paracetamol	White, capsule shaped, scored
PHCY CARE DAILY MULTI 50+ TAB/	Multivitamin	Light grey, oblong
SALPRAZ EC-TABS/20mg	Pantoprazole	Yellow, oval, biconvex, enteric coated
SEREPAX TAB/15mg [Psychotropic]	Oxazepam	White, round, scored, marked 15 on reverse
SPAN K SR-TAB/600mg	Potassium chloride	White, round
SPIRACTIN 25 TAB/25mg	Spironolactone	Pale orange, round, marked SP/1, alpha symbol on reverse

Notes:




# Medication Chart



Address:		DOB: 25 Jan 1971	Medicare: 21373845983
		Phone:	Sex: Male ID: 378547
Drug Allergies: Nil Known		Food Allergies: Nil Known	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Ascorbic acid (Vit C), Rutin + Other TAB 1000mg (BM BIO C)	0.5 daily.	17/05/2021		cease / change
 Baclofen TAB 10mg (CLOFEN)	1 twice daily.	17/05/2021		cease / change
 Dutasteride, Tamsulosin hydrochloride CD-CAP 500mcg/400mcg (DOUBLUTS) [Non-Cytotoxic]	1 after breakfast.	17/05/2021		cease / change
 Esomeprazole EC-TABS 40mg (ESOMEPRAZOLE (MYLAN))	1 daily.	17/05/2021		cease / change
 >Cranberry (Vaccinium macrocarpon), Vitamin C TAB (H/GOLD CRANBERRY 70000)	1 at dinner	18/07/2021		cease / change
 Magnesium aspartate dihydrate TAB 37.4mg (PHCY CARE MAG 500mg)	1 twice daily.	17/05/2021		cease / change
 Sennoside b TAB 7.5mg (SENNNA-GEN)	2 in the morning.	17/05/2021		cease / change
 Methenamine hippurate TAB 1g (URAMET)	1 twice daily.	17/05/2021		cease / change
				cease / change
				cease / change

<b>Other Medication</b>				
 Original Pack Macrogol 3350+NaCl+KCl+HCO3 SACH 13.125g (MOLAXOLE)	1 daily	17/05/2021		cease / change
				cease / change
				cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:



> PHCY ADDED MEDICATION

 Non-Crushable: recommended not to crush.  
Reference SHPA Don't Rush to Crush

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

Patient Name: <b>Simon ULYATT</b>		ID: 378547	Date of Birth: 25 January 1971	
<b>When Required (PRN)</b>	<b>Directions &amp; Indication</b>	<b>Start Date</b>	<b>Dr Sign / Date</b>	

#### Original Medication

	Cetirizine hydrochloride TAB 10mg (ALZENE)	1 d prn	17/05/2021		cease / change
	Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 tds	17/05/2021		cease / change
					cease / change
					cease / change








Supplied Medication	Drug Name	Physical Description
ALZENE TAB/10mg	Cetirizine hydrochloride	White, capsule shaped, scored, marked CZ/10, G on reverse
BM BIO C TAB/1000mg	Ascorbic acid (Vit C), Rutin + Other	Mustard large oval tablet
CLOFEN TAB/10mg	Baclofen	White, round, scored, marked BN/10, G on reverse
DOUBLUTS CD-CAP/500mcg/400mcg [Non-Cytotoxic]	Dutasteride, Tamsulosin hydrochloride	Brown/orange, marked GS 7CZ in black ink
ESOMEPRAZOLE (MYLAN) EC-TABS/40mg	Esomeprazole	Pink, oblong, biconvex, enteric-coated
>H/GOLD CRANBERRY 70000 TAB/	Cranberry (Vaccinium macrocarpon), Vitamin C	Tablet
MOLAXOLE SACH/13.125g	Macrogol 3350+NaCl+KCl+HCO3	Sachet
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side
PHCY CARE MAG 500mg TAB/37.4mg	Magnesium aspartate dihydrate	White, round, biconvex
SENNAGEN TAB/7.5mg	Sennoside b	Brown mottled, round, biconvex
URAMET TAB/1g	Methenamine hippurate	White, capsule shaped, scored, marked M/T, plain on reverse

Notes:

## Medication Chart



Address:		DOB: 28 Nov 1926	Medicare: 2075648009
		Phone:	Sex: Female ID: 378548
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
<b>Packette</b>				
 Rosuvastatin TAB 20mg (CAVSTAT)	1 at night.	17/05/2021		cease / change
 Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 twice daily.	17/05/2021		cease / change
 Clopidogrel TAB 75mg (PIAX)	1 in the morning.	17/05/2021		cease / change
 Pantoprazole EC-TABS 20mg (SALPRAZ)	1 at night.	17/05/2021		cease / change
 Aspirin TAB 100mg (SPREN)	1 in the morning.	17/05/2021		cease / change
				cease / change
				cease / change
<b>Other Medication</b>				
 Carmellose sodium EYE-DRP 0.4mL 1% (CELLUVISC)	2 drops tds	17/05/2021		cease / change
 Budesonide, Formoterol (eformoterol) RHALER 200mcg/6mcg (SYMBICORT RAPI)	2 bd	17/05/2021		cease / change
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
CAVSTAT TAB/20mg	Rosuvastatin	Pink, round, biconvex, marked R, 20 on reverse
CELLUVISC EYE-DRP/0.4mL 1%	Carmellose sodium	Single use eye drops

**Date of Issue:**

**Pharmacist Signature:**

**Date of Issue:**

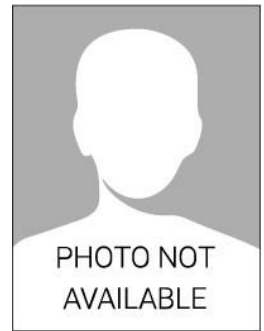
**Doctor Signature:**

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.


Patient Name: <b>Joyce WEARNE</b>		ID: 378548	Date of Birth: 28 November 1926
Supplied Medication	Drug Name		Physical Description
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol		White to off-white, caplet shaped, f-c, marked 665 on one side
PIAX TAB/75mg	Clopidogrel		White, round, biconvex, bevelled, marked M, C27 on reverse
SALPRAZ EC-TABS/20mg	Pantoprazole		Yellow, oval, biconvex, enteric coated
SPREN TAB/100mg	Aspirin		White, round
SYMBICORT RAPI RHALER/200mcg/6mcg	Budesonide, Formoterol (eformoterol)		Pressurised metered dose inhaler

Notes:

# Medication Chart



Address:		DOB: 8 Apr 1935	Medicare: 22334037481
		Phone:	Sex: Female ID: 378549
Drug Allergies: <b>Nil Known</b>		Food Allergies: <b>Nil Known</b>	
Special Instructions:			
<b>Pharmacist:</b> (Name) _____ <b>Pharmacy:</b> Mercato Pharmacy <b>Address:</b> Tenancy 2, 108-114 Jonson Street, Byron Bay NSW 2481 NSW 2481 <b>Phone:</b> (02) 6685 7401 <b>Fax:</b> (02) 6680 8786		<b>Doctor Name:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	

Regular Continuous	Directions	Start Date	Dr Sign / Date	
Packette				
	Irbesartan TAB 300mg (ABISART 300)	1 in the morning.	17/05/2021	cease / change
	Hydralazine hydrochloride TAB 25mg (ALPHAPRESS)	1 twice daily	13/07/2021	cease / change
	Mirtazapine TAB 30mg (AXIT 30) <b>[Psychotropic]</b>	1 daily.	17/05/2021	cease / change
	Bisoprolol fumarate TAB 10mg (BISPRO)	1 daily.	17/05/2021	cease / change
	Desvenlafaxine ER-TAB 100mg (DESFAX) <b>[Psychotropic]</b>	1 at noon.	17/05/2021	cease / change
	Levothyroxine sodium TAB 100mcg (EUTROXSIG)	1 daily.	17/05/2021	cease / change
	Levothyroxine sodium TAB 50mcg (EUTROXSIG)	1 four times a week	17/05/2021	cease / change
	Esomeprazole CAP 20mg (NOXICID)	1 at noon.	17/05/2021	cease / change
	Paracetamol SR-TAB 665mg (OSTEO RELIEF 665 (APO HLTH))	2 three times per day	20/07/2021	cease / change
	Calcium (as carbonate), Colecalciferol (D3) TAB 600mg/500IU (PHCY CARE CALCIUM & D)	1 twice daily.	17/05/2021	cease / change
	Prazosin TAB 1mg (as HCl) (PRAZOSIN (APO))	0.5 twice daily	13/07/2021	cease / change
	Aspirin TAB 100mg (SPREN)	1 at noon.	17/05/2021	cease / change
	Furosemide (frusemide) TAB 40mg (UREMIDE)	1 at morning and noon	13/07/2021	cease / change
	Simvastatin TAB 20mg (ZIMSTAT)	1 daily.	17/05/2021	cease / change
	Lercanidipine hydrochloride TAB 10mg (ZIRCOL)	1 twice daily.	17/05/2021	cease / change

Date of Issue:

Pharmacist Signature:

Date of Issue:

Doctor Signature:

Pharmacy Use	
MedsCheck/HMR date	Pharmacist Sig.

 Non-Crushable: recommended not to crush.  
Reference SHPA Don't Rush to Crush

Patient Name: <b>Edna WEST</b>		ID: 378549	Date of Birth: 8 April 1935	
Regular Continuous	Directions		Start Date	Dr Sign / Date

Packets				
				cease / change
				cease / change

Supplied Medication	Drug Name	Physical Description
ABISART 300 TAB/300mg	Irbesartan	White, oval, biconvex, marked I5 on one side
ALPHAPRESS TAB/25mg	Hydralazine hydrochloride	Cream, round, scored
AXIT 30 TAB/30mg [Psychotropic]	Mirtazapine	Tan, round, scored, marked MR/30, G on reverse
BISPRO TAB/10mg	Bisoprolol fumarate	Pale orange to light orange, heart shaped, scored
DESFAX ER-TAB/100mg [Psychotropic]	Desvenlafaxine	Reddish-brown, diamond shaped, marked L190
EUTROXSIG TAB/100mcg	Levothyroxine sodium	White, round, scored, marked 100
EUTROXSIG TAB/50mcg	Levothyroxine sodium	White, round, scored, marked 50
NOXICID CAP/20mg	Esomeprazole	Pink, enteric capsule, marked MYLAN over EM20 on both ends
OSTEO RELIEF 665 (APO HLTH) SR-TAB/665mg	Paracetamol	White to off-white, caplet shaped, f-c, marked 665 on one side
PHCY CARE CALCIUM & D TAB/600mg/500IU	Calcium (as carbonate), Colecalciferol (D3)	Pink, oblong, scored one side
PRAZOSIN (APO) TAB/1mg (as HCl)	Prazosin	White, capsule shaped, marked APO/P1, scored
SPREN TAB/100mg	Aspirin	White, round
UREMIDE TAB/40mg	Furosemide (frusemide)	White, round, scored, marked FE/40 , alpha symbol on reverse
ZIMSTAT TAB/20mg	Simvastatin	Dark tan, oval, scored, marked SM/20, G on reverse
ZIRCOL TAB/10mg	Lercanidipine hydrochloride	Yellow, round, f-c, scored on one side

Notes: