

Name of medical practioner

REDIMED

1 Frederick Street

Belmont WA 6104

Phone: (08) 92300900

Fax: (08) 923900999

Provider number for medical practioner

Script number

Patient's
Medicare no

Patient's
Ref no.

Patient's full name:

Patient's address:

Postcode

Entitlement no.

Safety Net entitlement
cardholder

☐

Concessional or dependent, RPBS beneficiary
Or Safety Net concession cardholder

☐

(Tick appropriate box)

PBS

☐

RPBS

☐

Brand substitution not permitted

☐

Pharmacist/patient
copy

Privacy note on
reverse

Doctor's signature

Date

I declare that I have received
this/these medicine(s) and the
information relating to any
entitlement to a pharmaceutical
benefit is correct .

Patient or agent signature

Date of supply

Agent's address