

REDIMED
1 Frederick Street
Belmont WA 6104
Phone: (08) 92300900
Fax: (08) 923900999

Script number

Patient's
Medicare

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

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

Privacy note: The information on this form, including your Medicare, Centrelink and/or Department of Veterans' Affairs number, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme (PBS) or the Repatriation Pharmaceutical Benefits Scheme (RPBS) and to determine payments due to approved suppliers. This information will also be used to record details of an under co-payment prescription (where there is no entitlement to a payment of benefit under PBS or RPBS). With your consent, the PBS approved supplier or PBS Prescriber may store your details for use on future prescriptions. The collection of this information is authorized by the National Health Act 1953. This information may be disclosed to PBS Prescribers, the Department of Health and Ageing, Department of Veterans' Affairs, Centrelink, the Department of Human Services or as authorized or required by law.