

Attach ADR sticker

Affix patient identification label here and overleaf

**Allergies and adverse drug reactions (ADR)**  
 Nil known     Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction / type / date	Initials

Sign ..... Print ..... Date .....

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M  F

Not a valid prescription unless identifiers present

First prescriber to print patient name and check label correct: \_\_\_\_\_

Weight (kg): ..... Height (cm): .....



REMOVED AREA



# REMOVED AREA

## SECTION B

Pharmacy prescription

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time 1600 4pm</b>
Date	<b>Warfarin</b> Brand of warfarin (circle) <b>Marevan / Coumadin</b>		
Route	Target INR		
Print prescriber name	Prescriber No	Prescriber signature	Contact
Indication	Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

Date	Patient name 1st _____ 2nd _____	<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>		
Medicine (print generic name)	<input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/> Tick if slow release	Route	Dose	Frequency
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats	

Pharmacy  
prescription

Pharmacy prescription

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Pharmacy  
prescription

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Pharmacy  
prescription

Pharmacy prescription

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Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Medicare Australia/DVA copy – valid for use as PBS at:	Quantity	Repeats	

Pharmacy  
prescription

# REMOVED AREA

## SECTION C

Pharmacy prescription

Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	<b>Dose time 1600 4pm</b>	
Date	<b>Warfarin</b> Brand of warfarin (circle) <b>Marevan / Coumadin</b>			
Route	Target INR			
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Pharmacist/patient copy – valid for use with PBS Repeat Authorisation		Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)	<input type="checkbox"/> Brand substitution not permitted	Route	Dose	Frequency
	<input type="checkbox"/> Tick if slow release			
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Pharmacist/patient copy – valid for use with PBS Repeat Authorisation		Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)	<input type="checkbox"/> Brand substitution not permitted	Route	Dose	Frequency
	<input type="checkbox"/> Tick if slow release			
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Pharmacist/patient copy – valid for use with PBS Repeat Authorisation		Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

Date	Patient name 1st _____ 2nd _____		<input type="checkbox"/> PBS <input type="checkbox"/> RPBS <small>(✓) Appropriate box</small>	
Medicine (print generic name)	<input type="checkbox"/> Brand substitution not permitted	Route	Dose	Frequency
	<input type="checkbox"/> Tick if slow release			
Print prescriber name	Prescriber No	Prescriber signature	Contact	
Indication	Pharmacist/patient copy – valid for use with PBS Repeat Authorisation		Quantity	Repeats

Pharmacy  
prescription

Pharmacy prescription

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Pharmacy  
prescription

