

### 3 Instructions for using the PBS HMC

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**URN:**

**Family name:**

**Given names:**

**Address:**

**Date of birth:**

**Sex:** M ☐ F ☐

**Medicare No:**

**PBS/RPBS Entitlement No.**

☐ Concessional or dependent RPBS or Safety Net Concession Card Holder

☐ Safety Net Entitlement Card Holder

**Not a valid prescription  
unless identifiers present**

**Approved pharmacy details:**

.....

**Pharmacy approval no:**

.....

**Attach ADR sticker**

See front page for details

**First prescriber to print patient name and check label correct:**

.....

**As required PRN medicines**

**Brand substitution not permitted** ☐ **PBS/RPBS**

**Year**

Start Date	Medicine (print generic name)/form	Date	Time	Dose	Route	Indication	SAC/AAN	Prescriber signature	Sign	Continue on discharge?	Dispensed?	Duration	Prescriber's signature	Date
...../...../.....														
...../...../.....														
...../...../.....														
...../...../.....														
...../...../.....														

**Pharmaceutical review:**

**Check if patient has another medication chart**

**DO NOT WRITE IN THIS BINDING MARGIN**

## 17 PRN orders