

**medicare**



### When to use this form

Eligible prescribers can use this form to order the *Prescriber bag supplies order book*. The *Prescriber bag supplies order book* enables prescribers to obtain certain PBS medicines to supply free to patients for emergency use.

Only 1 *Prescriber bag supply order book* is issued to a prescriber every 2 years. The book will be sent to the current practice address nominated below which must be registered with Services Australia. Books cannot be issued to prescribers in public hospitals with limited registration, for example, interns.

### Filling in this form

If you need help with this form, call **132 290**.

We will **only accept** typed prescription order forms.

We will return handwritten, incomplete or poor quality forms to the prescriber.

Limit your details to the space provided (**maximum 50 characters** per line).

### Returning this form

Check that you have answered all the questions, signed and dated this form. Send the completed form:

- **by email to:**

**pbs.general.orders@servicesaustralia.gov.au**

There may be risks with sending personal information through unsecured networks or email channels.

- **by post to:**

Services Australia  
Pharmaceutical Benefits Branch  
GPO Box 9826  
SYDNEY NSW 2001

### Prescriber order/delivery details

#### 1 Prescriber full name

Prescriber number

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Prescriber qualifications

Medical practitioner  Nurse practitioner  Other

Provider number

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Prescriber current practice name and address as listed with us

Practice name

Unit number  Level  Street number

Street address

Suburb/Town  State  Postcode

Email

Daytime phone number

#### 2 Order period required:

Future period (Tick if you have an existing book expiring in June)

Current period (Tick if you **do not** have an existing book)

If a replacement book is required, give the reason.

Quote the police report number if the previous book was stolen or lost.

Normally only one order book is provided to a prescriber.

### Declaration

#### 3 I declare that:

- I am a medical or nurse practitioner registered as such under the law of the state or territory.
- the information I have provided in this form is complete and correct.

#### I understand that:

- the details on this form will be supplied to a third party contractor to organise printing and dispatching of my order.
- if this form is handwritten, incomplete or poor quality, it will be returned to me.
- giving false or misleading information is a serious offence.

Practitioner's signature

Date

**Privacy notice:** Your privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)