

PATIENT DETAILS

- PLEASE COMPLETE THIS FORM IN BLACK BALLPOINT PEN -

(This form is the approved form as prescribed under section 20A of the Health Insurance Act 1973)

REF No. 3424 14053 4
1 SIVAKUMAR REDDY
2 BHARATH NARAYANAN
3 POOJITHA SIVAKUMAR
4 VISHNU SIVAKUMAR

medicare 98 ASSIGNMENT FORM DB2-OT
PATIENT REF. No. DATE OF SERVICE DD / MM / YY 2 6 10 9 1 1 4

S/D DESCRIPTION OF SERVICE ITEM NO. BENEFIT ASSIGNED
Consult 296

PERIOD OF REFERRAL IN MONTHS (MM) OR CROSS IF INDEFINITE REFERRAL OR REQUEST DATE (DD/MM/YY) / /
REFERRING OR REQUESTING PRACTITIONER PROVIDER No.

NAME & ADDRESS OF REQUESTING/REFERRING PRACTITIONER

NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S) PRACTITIONER USE
Dr. M. PINTO

MEDICARE NUMBER IF IMPRINTER NOT USED

LSPN Required for diagnostic imaging/radiation oncology services only

DESCRIPTION OF REQUESTED PATHOLOGY

I assign my right to benefits to the practitioner who has rendered the service(s), or in the case of requested pathology, the approved pathology practitioner who will render the requested pathology service(s).

X SIGNATURE OF PATIENT DATE 26 9 14

PATIENT COPY EB 97718

HOLD BOTH ENDS FIRMLY - PULL TO SEPARATE ASSIGNMENT FORM NO

Dr MELVIN PINTO
DANDENONG PINELODGE CLINIC
1480 HEATHERTON ROAD
DANDENONG VIC 3175
Tel: 03 8793 9333

874840

Patient's Medicare no.

Patient's name and address First name Family name
Mr. Sivakumar Reddy
3 Torwui Place
Cranbourne Postcode 3977

Pharmaceutical benefits entitlement number
☐ Safety Net entitlement card holder (cross relevant box) ☐ Concessional or dependant, RPBS beneficiary or Safety Net concession card holder

(tick appropriate boxes)
☐ PBS ☐ RPBS ☐ Brand substitution not permitted

AT03453940

R Gymbalta (30mg caps)

one name
28

COPY

Doctor's signature Date 26 9 14

Please turn over for privacy note I certify that I have received this medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.

Date of supply Patient's or agent's signature

Agent's address