

PATIENT DISPENSING HISTORY

up to 14 May 91 Page 1

Patient name	Address	Quantity	Form	Disp Date	Type	P/C/R no.	Price
Rx num NHS	Drug name	Qty	Form	Disp Date	Rp	Disc	Price
ATT, MR BARRY 1 CORNWALL ST							
047573	30598 LITHIUM CARB T250MG	100	NAL BO	05 Mar 88	3	1	\$6.07
044545	30598 LITHIUM CARB T250MG	100	NAL BO	03 Jan 88	1	1	\$6.07
041219	30598 LITHIUM CARB T250MG	100	NAL BO	15 Dec 87	1	2	\$6.07
039793	2419H TEGRETOL TAB 200MG	100	NAL AS	27 Nov 87	2	1	\$10.00
037448	1806C RIVOTRIL TAB 2MG	200	SAD AS	29 Oct 87	1	1	\$10.00
037112	30598 LITHIUM CARB T250MG	100	NAL BO	26 Oct 87	2	1	\$6.07
			(1) AS	11 Jan 88	2	2	\$6.07
			AS	15 Feb 88	2	3	\$6.07
0083	2165Y MELLERIL TAB 100MG	100	SAD AS	04 Sep 87	1		\$10.00
02760	2419H TEGRETOL TAB 200MG	100	SAD AS	02 Sep 87	1		\$10.00
02758	30598 LITHIUM CARB T250MG	100	SAD AS	02 Dec 87	1		\$6.07
00554	1013H SINEQUAN CAP 25MG	50	NAL BU	07 Aug 87	1		\$6.17
Total ->							\$88.66

Patient name	Address	Suburb	Disp date	Type P/C/R	Disp	Price
ATT, MR BARRY	1 CORNWALL ST	THREE			6	
<u>092923</u> 2108Y	NORMISON CAP 10MG	SADBO	02 Sep 89		1	\$7.50
<u>092922</u> 3059B	LITHICARB TAB 250MG	SADBO	02 Sep 89		2 1	\$10.84
<u>082043</u> 3059B	LITHICARB TAB 250MG	SADBO	29 Apr 89		2 1	\$10.84
		AS	05 Jun 89		2 2	\$10.84
071284 3059B	LITHICARB TAB 250MG	SADAS	12 Dec 88		2 1	\$10.84
			10 Mar 89		2 2	\$10.84
		AS	30 Mar 89		2 3	\$10.84
067889 3059B	LITHICARB TAB 250MG	SADAS	28 Oct 88		2 1	\$10.84
		BO	28 Jun 89		2 2	\$10.84
		BO	11 Jul 89		2 3	\$10.84
065115 3059B	LITHICARB TAB 250MG	SADAS	23 Sep 88		2 1	\$7.69
		AS	10 Nov 88		2 2	\$7.69
		AS	30 Nov 88		2 3	\$7.69
<u>054784</u> 3059B	LITHICARB TAB 250MG	SADAS	02 Jun 88		5 1	\$10.84
		AS	23 Jun 88		5 2	\$10.84
		AS	12 Jul 88		5 3	\$10.84
		AS	22 Jul 88		5 4	\$10.84
		BO	16 Jan 89		5 5	\$10.84
<u>055573</u> 3059B	LITHIUM CARB T250MG	WALBO	05 Mar 88		3 1	\$7.52
		BO	23 Mar 88		3 2	\$7.52
		BO	08 Apr 88		3 3	\$7.52
		AS	22 Apr 88		3 4	\$7.52
044545 3059B	LITHIUM CARB T250MG	SADBO	28 Jan 88		1	\$7.52
					Total	\$219.99

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COMPUTER PRINTER LINEUP MARK

PHARMACEUTICAL BENEFITS—NHS/RPBS MARK RELEVANT BOX

Serial No.	To be allocated by Pharmacist dispensing supply under the Authorisation	GEN	<input checked="" type="checkbox"/>
PATIENT'S NAME	MR BARRY CATT	CON	
ADDRESS	1 CORNWALL ST	PEN	
	TAREE	RPBS	

Authority Number	Establishment Number
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ORIGINAL PRESCRIPTION TRANSCRIPTION (Name, Strength, Quantity, Directions and Dates) Supply if applicable

RIVOTRIL TAB 2MG Q-200
 TO BE TAKEN AS DIRECTED BY YOUR DOCTOR

ORIGINAL PRESCRIPTION DETAILS	No. 037448	PRICED ITEMS ONLY
DATE	NHS APPROVAL No.	
29 Oct 87	02197P	
No.	No. OF REPEATS AUTHORIZED	\$
037448	1	1

NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY	NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION
	SAINB PHARMACY 18 PALTERY STREET TAREE 2438 02197P Dr. SHAWFIELD
PREScription No. THIS SUPPLY	

CODE & MANUFACTURE PRINTERS CARBON A.C.T. PH. (082) 82 3648

79a

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PHARMACEUTICAL BENEFITS—MHS/MPBS MARK RELEVANT BOX
REPEAT AUTHORIZATION 11-24-00 **DUPLICATE**
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED

Special No.	As prescribed by physician, dentist, podiatrist, etc.	GEN	X
PATIENT'S NAME	MR BARRY CATT	CON	
ADDRESS	1 CORNWALL ST	FEN	
	TAREE	RPBS	
Authority Number	Enrollment Number		
ORIGINAL PRESCRIPTION TRANSCRIPTION (Name, Strength, Quantity, Directions and Expiry Date if applicable)			
LITHICARD TAB 250MG Q-100			
TO BE TAKEN AS DIRECTED BY YOUR DOCTOR AFTER FOOD			
ORIGINAL PRESCRIPTION DETAILS	MHS APPROVAL NO.	NO. OF TABLETS SUPPLIED INCLUDING ORIGINAL SUPPLY IF ORIGINAL NOT SUPPLIED HEREIN	037112 PRICED ITEMS ONLY
DATE	021979		
02 Oct 1979			
No. OF REPORTS AUTHORIZED	2	2	\$
037112			
NAME AND MHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY	NAME AND MHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION		
46.07	S.J. BOWS		
	GENS PHARMACY		
	18 FULTON ST		
	TAREE		
	22177		
	Dr SNOWFIELD		
PRESCRIPTION No. THIS SUPPLY			
Pharmacist or Agent's Receipt	100		
Agent's Address	1 Cornwall St		
Date of Issue (M/D/Y)			

79.

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Dr. R. D. SANDFIELD, M.B.B.S., D.P.M.
General Practitioner
20 ISABELLA ST.,
WINGHAM 2429

231027
 PHARMACEUTICALS Benefits Enrolment Number

<input type="checkbox"/> CONCESSIONAL BENEFICIARY OR DEPENDANTS	<input type="checkbox"/> PENSIONER OR DEPENDANTS OR ENTITLEMENT CARD HOLDER (SOCIALLY SECURED)
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PATIENT'S NAME BARRY COTT
 ADDRESS Parsonage St
 DATE 10.3.89 N Tassie



*hithianob 250mg -
 200 . Rep 5
 R D Sandfield
 date E*

DOCTOR'S SIGNATURE
 I certify that I have advised the recipient and the concession holder of any entitlement to free or concessionary pharmaceutical benefits in his case or otherwise.
 Date of Supply 10.3.89 JWC Cott
 Doctor's or Agent's Signature
 Agent's Address

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PHARMACEUTICAL BENEFITS—RHS/RPBS		MARK RELEVANT BOX
REPEAT AUTHORISATION		C2594271 <input checked="" type="checkbox"/>
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED		
Serial No. 021977		GEN <input checked="" type="checkbox"/>
PATIENT'S NAME MR BARRY CATT		CON <input type="checkbox"/>
ADDRESS L CORNWALL ST		PEN <input type="checkbox"/>
TAREE		RPBS <input type="checkbox"/>
Authority Marked	Exemption Number	
ORIGINAL PRESCRIPTION TRANSCRIBED FROM SOURCE: Doctor, Dentist, Optician and Dispenser		
1000 CARB TAB 250MG		D-200 (PT)
INDICATED IN YOUR		
DATE OF PRESCRIPTION		
ORIGINAL PRESCRIPTION DETAILS		No. 082043
DATE	RHS APPROVAL No. 021977	PRICED ITEMS ONLY
	No. OF REPEATS AUTHORIZED 2	\$
1082043		1
NAME AND REG. NO. OF PHARMACIST DISP.	REG. NO. OF SUPPLY	NAME AND REG. APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION
S. J. BONS		S. J. BONS
18 PATNEY ST		18 PATNEY ST
TAREE		TAREE
NS 1979		NS 1979
28 APR 85		28 APR 85
PRESCRIPTION IN THIS SUPPLY		
I hereby declare I have received this medication and the information relating to any precautions to be observed in connection with its use & not later in this country.		
Patient's or Agent's Receipt <i>[Signature]</i>		
Agent's Address		
Date of Issue		

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PHARMACEUTICAL BENEFITS—NH&RPBS MARK RELEVANT BOX X

REPEAT AUTHORISATION
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED

Serial No. 17A	<small>Is the medicine for dependent children aged under 16?</small>	GEN	<input checked="" type="checkbox"/> X
PATIENT'S NAME MR BARRY CATT	<i>Walt</i>	CON	
ADDRESS 1 CORNWALL ST	<i>470</i>	PM	
TAREE		RPBS	

Authority Number **389605** Establishment Number

ORIGINAL PRESCRIPTION TRANSCRIPTION (copy, strength, quantity, directions and quantity supply of medication)

ELLITHICARB (TAB-250MG) Q-200

THREE TABLETS TO BE TAKEN MORNING AND NIGHT AFTER FOOD

ORIGINAL PRESCRIPTION DETAILS

DATE 13 May 88	NHS APPROVAL No. 02197P	No. of BLUE & REDD OVERRIDES INCLUDING ORIGINAL SUPPLY OF ORIGINAL AND SUPPLIED PHARMY OF
No. 054784	No. OF REPEATS AUTHORIZED 5	

PRICED ITEMS ONLY

NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THE SUPPLY ST. 85 G. 758 PRESCRIPTION No. 054784 SUPPLY	NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THE AUTHORISATION E.J. BONE DUNE PHARMACY 18 PULTRY ST TAREE 2217P Dr SMOFIELD 15 Jun 88
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Patient's or Agent's Name *Cher Cook*

Agent's Address *1 Cornwall St Taree*

Date of Issue *13/5/88*

Form PB24 (1981)

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PHARMACEUTICAL BENEFITS—RHS/RPBS MARK RELEVANT BOX

REPEAT AUTHORISATION
VALID ONLY IF DUPLICATE PRESCRIPTION IS NOT USED

Series No. A	As amended by	GEN <input checked="" type="checkbox"/>
PATIENT'S NAME MR BARRY CATT		CON
ADDRESS 1 CORNWALL ST		FEN
TARZE		RPBS

Authority Number: **289605** Establishment Number:

ORIGINAL PRESCRIPTION TRANSCRIPTION FROM: General Practice, Dispensary and Hospital

1000 ETHICARD TAB 200MG D-200
TABTS TABLETS TO BE TAKEN BIDDN AS HGST

No. **054784**

DATE 21 MAY 88	RHS APPROVAL No. 02197P	PRICED ITEMS ONLY
No. 054784	No. OF REPEATS AUTHORIZED 5	2

NAME AND NHS APPROVAL NUMBER OF PHARMACEUTICAL SUPPLIER W. J. Sainsbury 9, 20th RD, 054784	NAME AND NHS APPROVAL NUMBER OF PHARMACEUTICAL ISSUING THIS AUTHORISATION W. J. Sainsbury 808 PRINCE 18 PELTON ST TARZE 02197P D SHEFFIELD 25 Jan 88
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PRESCRIPTION No. THIS SUPPLY

Patient's or Agent's Name: **Julie Catt**

Agent's Address: **1 Cornwall St Tarze**

Date of Issue: **22 May 88**

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Dr. NEIL G. S. WALLMAN
88 ALBERT STREET, TAHEE
Phone: 52 5844 All Hours

Dr. N. G. S. WALLMAN

334168
Pharmaceutical Benefits Entitlement Notice

<input type="checkbox"/> CONCESSIONAL BENEFICIARY OR DEPENDANTS	<input type="checkbox"/> PERSONER OR DEPENDANTS OF ENTITLEMENT CARD HOLDER
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PATENT'S NAME Danny Galt

ADDRESS 73 Cornwall Street

DATE 4.3.77

*Lutamin 250g
submitted
(100) 4/3/77*



[Handwritten Signature]

DOCTOR'S SIGNATURE
I certify that I have examined the medication and its appropriate use in any instance to the
or concessionary pharmaceutical benefits is not used in this case.

5.3.77 *N.G.S.*
Date of Supply Patient's or Agent's Signature

AGENT'S ADDRESS

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PHARMACEUTICAL BENEFITS—GEN/RPBS MARK RELEVANT BOX X

REPEAT AUTHORISATION
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED

GEN	X
CON	
PEN	
RPBS	

GENERIC NAME: **LITHIUM CARB T250MB** D-100
DAYS PERIODS BY YOUR DOCTOR: **AS DIRECTED BY YOUR DOCTOR**

ORIGINAL PRESCRIPTION DETAILS

DATE	GEN APPROVAL NO.	NO. OF REPEATS AUTHORIZED	NO. OF SUPPLIES ALLOWED	PRICED ITEMS ONLY
04/27/88	021979	3	1	\$

NAME AND ONE APPROVAL NUMBER OF PHARMACEUTIST ISSUING THIS SUPPLY: **46.87 0.100 NO. 047573**

NAME AND ONE APPROVAL NUMBER OF PHARMACEUTIST ISSUING THIS AUTHORIZATION: **S.J. SAGE SAGE'S PHARMACY 14 FULTON ST TAREE NSW 23177**

Prescriber's or Agent's Name: *Barry Catt*

Agent's Address: *Barry Catt*

Date of Issue: **20/3/88**

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PHARMACEUTICAL BENEFITS—NHS/RFBS		MARK RELEVANT BOX	
REPEAT AUTHORISATION		<input checked="" type="checkbox"/>	
VALID ONLY IF DUPLICATE PRESCRIPTION IS A READING R 25 R 35			
Local No. 7024	In an attempt to prevent fraud, please check the patient's name and address against the details on this form.		GEN <input checked="" type="checkbox"/>
PATIENT'S NAME	MR BARRY CATT	CON	<input checked="" type="checkbox"/>
ADDRESS	1 CORNMALL ST	PEN	<input type="checkbox"/>
T.A.	TARREE	RFBS	<input type="checkbox"/>
Authority No. 11000	Endorsement Number		
ORIGINAL PRESCRIPTION TRANSCRIPTION (from Through, Quaterly, 6-monthly and Interval Supply if applicable)			
LITHIUM CARB T250MS		0-100	
AS DIRECTED BY YOUR DOCTOR AFTER 1200			
ORIGINAL PRESCRIPTION DETAILS		No. of Table No. 047573	
DATE 10/1/88	NHS APPROVAL NO.	PRICED ITEMS	
047573	02197P	ONLY	
No. of repeats 3	No. of repeats authorized 3	\$	
NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY		NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION	
E.J. BANE 02197P		E.J. BANE	
14.00		GARD'S PHARMACY	
3.00		10 PULTRNEY ST	
PRESCRIPTION NO. 147573		TARREE	
Supply		02197P	
Dr. WELLMAN			
Presence of Agent's Receipt <input type="checkbox"/>			
Agent's Address <u>Julie Catt</u>			
Date of Issue <u>18.1.88</u>			

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PHARMACEUTICAL BENEFITS—MHS/RPBS MARK RELEVANT BOX X

REPEAT AUTHORISATION
VALID ONLY IF DUPLICATE PRESCRIPTION IS ATTACHED

Serial No.	To be entered in duplicate when made under the Pharmaceutical	GEN	X
PATIENT'S NAME	MR BARRY CATT	CON	
ADDRESS	1 CORNWALL ST	FEN	
	TAREE	RPBS	
Authority Number	Continuation Number		
ORIGINAL PRESCRIPTION INFORMATION (from Serial, Quantity, Quantity and Dates)			
Name of medicine			
LITHIUM CARB T250MS		D-100	
AS DIRECTED BY YOUR DOCTOR			
AFTER FOOD			
No. 047573			
ORIGINAL PRESCRIPTION DETAILS		No. 047573	
DATE	MHS APPROVAL No.	ORIGINAL QUANTITY	PRICED ITEMS ONLY
04-Mar-88	02197P		
No.	No. OF REPEATS AUTHORIZED	ORIGINAL QUANTITY	PRICED ITEMS ONLY
047573	3	3	\$
NAME AND NO. OF PHARMACIST	NAME AND NO. APPROVAL NUMBER OF PHARMACIST	NAME AND NO. APPROVAL NUMBER OF PHARMACIST	
		E. J. GIBBS	
		DIXONS PHARMACY	
		18 MULHENEY ST	
		TAREE	
		22197P	
		Dr. MILLWIN	
PRESCRIPTION No. THIS SUPPLY			
Pharmacist's or Agent's Receipt			
Agent's Address			
Date of Supply 02/4/88			
Southport, Q.L.D.			