

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
			AS	11 Jan 88	2	3	\$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
00584	1013H SINEQUAN CAP 25MG	50	NAL BU	07 Aug 87	1		\$6.17
Total ->							\$88.66

ATT, MR BARRY	1 CORNWALL ST	THREE			6	
<u>092923</u>	210BY NORMISON CAP 10MG	25	SADBO	02 Sep 89	1	\$7.50
<u>092922</u>	3059B LITHICARB TAB 250MG	200	SADBO	02 Sep 89	2 1	\$10.84
<u>082043</u>	3059B LITHICARB TAB 250MG	200	SADBO	29 Apr 89	2 1	\$10.84
			AS	05 Jun 89	2 2	\$10.84
071284	3059B LITHICARB TAB 250MG	200	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	200	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	100	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	200	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>045573</u>	3059B LITHIUM CARB T250MG	100	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	100	SADBO	28 Jan 88	1	\$7.52
					Total	\$219.99

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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 OR SUPPLIES INCLUDING ORIGINAL SUPPLY IF ORIGINAL NOT SUPPLIED HEREIN	037112 PRICED ITEMS ONLY
DATE 02.06.07	021979		\$
No. OF REPORTS AUTHORIZED	2	2	
NAME AND MHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY	NAME AND MHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION		
W. J. BOWEN 46.07	S. J. BOWEN GENS PHARMACY 16 PULDNEY ST TAREE 421979 Dr SNOWFIELD		
PRESCRIPTION No. THIS SUPPLY			
Pharmacist or Agent's Receipt	100		
Agent's Address	1 Cornwall St		
Date of Issue (M/D/Y)	02/06/07		

79.

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Dr. R. C. SANFELD, M.D., D.P.M.
General Practitioner
20 ISABELLA ST.
WINGHAM 2420

831027
PHARMACEUTICAL BENEFIT ESTABLISHMENT NUMBER
 OCCASIONAL BENEFICIARY OR DEPENDANT MEMBER OR DEPENDANT OF ENTITLEMENT CARD HOLDER (2508/RELEASING 80)

PATIENT'S NAME Barry, Galt
ADDRESS Comstock St
DATE 30, 8, 89 Wingham

OVER PRESCRIBED BY D. L. H. 250mg
W box
200 Rep 2
② Nonnison
②5
R. C. Sanfeld
SOCIETY'S SIGNATURE
I certify that I have received the prescription and the necessary history of any ailment or use of other drugs or pharmaceuticals and that the patient is not under the influence of any drug or alcohol.
Date of Issue 29 8 89
Name of Society Pharmaceutical Society
NOTE: This form is valid for 12 months.

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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 (SPECIAL SECT 000)
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PATIENT'S NAME BARRY COTT
 ADDRESS Parsonage St
 DATE 10.3.89 N Tassie



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

DOCTOR'S SIGNATURE
 I certify that I have scanned this medication and the information relating to any entitlement to free or concessionary pharmaceutical benefits is not false or misleading.
 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, Dispenser and Optician		
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 88		28 Apr 88
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 SUPPLIES DISPENSED INCLUDING ORIGINAL SUPPLY OF ORIGINAL AND SUPPLIED PHARMY OF
No. of REPEATS AUTHORIZED 5	No. 054784	

PRICED ITEMS ONLY

NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THE SUPPLY ST. 85 G. 258 PRESCRIPTION No. 054784 SUPPLY	NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THE AUTHORISATION E.J. BONE DUNE PHARMACY 18 PULTRY ST TAREE 2217P In SANDFIELD 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 altered by Prescription No. 1	GEN <input checked="" type="checkbox"/>
PATIENT'S NAME MR BARRY CATT		CON <input type="checkbox"/>
ADDRESS 1 CORNWALL ST		FEN <input type="checkbox"/>
TARREE		RPBS <input type="checkbox"/>
Agency Number 289605	Establishment Number	

ORIGINAL PRESCRIPTION TRANSCRIPTION FROM: General Practice, Dispensary and Hospital
Supply 1 authorised

DIURETIC TABLETS TAB 250MG D-200
TAKEN TWICE TO BE TAKEN BEFORE AND AFTER MEAL

No. **054784**

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

NAME AND RNS APPROVAL NUMBER OF PHARMACEUTIC SUPPLIER W. J. Sainsbury 208 RD. 054784	NAME AND RNS APPROVAL NUMBER OF PHARMACEUTIC ISSUING THIS AUTHORISATION W. J. Sainsbury 208 RD. 054784
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PRESCRIPTION No. THIS SUPPLY

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

Agent's Address **1 Cornwall St Tarree**

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 OR ENTITLEMENT CARD HOLDER
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PATIENT'S NAME Danny Galt

ADDRESS 73 Cornwall Street

DATE 4.3.77

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



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 passing.

DATE OF SUPPLY 4.3.77 PATIENT'S OR AGENT'S SIGNATURE [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: **MR BARRY CATT**
ADDRESS: **1 CORNWALL ST**
TAREE

Authority Number: _____ Dispenser Number: _____

MEDICAL PRESCRIPTION TRANSCRIPTION (Name, Strength, Quantity, Directions and Dosage)
LITHIUM CARB T250MB D-100
AS DIRECTED BY YOUR DOCTOR

DATE	GEN APPROVAL NO.	NO. OF REPEATS AUTHORIZED	NO. OF SUPPLIES ALLOWED	PRICED ITEMS ONLY
04/11/88	021979	3	1	\$

NAME AND ONE APPROVAL NUMBER OF PHARMACEUTIST ISSUING THIS SUPPLY	NAME AND ONE APPROVAL NUMBER OF PHARMACEUTIST ISSUING THIS AUTHORISATION
44.87 G. 100 NO. 047573	S. J. SAGE SAGE'S PHARMACY 14 FULTON ST TAREE 82179 Dr. McLENN

PRESCRIPTION NO. THIS SUPPLY: _____

Pharmacist's or Agent's Name: *Barry Catt*
Agent's Address: _____
Date of Issue: 03/88

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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.		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, against, or against and against Supply & Medicines)			
LITHIUM CARB T250MS		0-100	
AS DIRECTED BY YOUR DOCTOR AFTER 1900			
ORIGINAL PRESCRIPTION DETAILS		No. of Table No. 047573	
DATE 10/1/88	NHS APPROVAL NO.	PRICED ITEMS ONLY	
047573	02197P		
No. of repeats 3	No. of repeats authorized 3		
047573	3		
NAME AND NHS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY	NAME AND NHS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION		
14.00	E.J. BANE		
3.00	DAVIS PHARMACY		
147573	10 PULTRNEY ST		
	TARREE		
	02197P		
	Dr WELLMAN		
Name of Agent's Representative			
Agent's Address			
Date of Issue 18.1.88			
Signature Julie Catt			

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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 checked to ensure compliance with rules of 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, Expiry Date and Date)			
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.	PRICED ITEMS ONLY	
04-Mar-88	02197P		
No.	No. OF REPEATS AUTHORIZED		
047573	3		
NAME AND NO. OF PHARMACIST	NAME AND NO. APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORIZATION		
14.73 S. 100 No. 1000	E. J. GLOYS DIXON 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.			