Pharmhos Software Pty Ltd Unit 2, 20 Cato Street Hawthorn East 3123 Pharmacy Contact
Scott Morrison
Ph.: 1300 742 764
Date: 24/01/2020
Rx From: 26/10/2019
Rx To.: 24/01/2020

Dr A smith 333 VIC 2222 Your contact details: P: 111

E:

Dear Doctor,

Our pharmacy records indicate that one or more scripts are owing for the period above. Regulation 22 of the National health Regulations specifies that a medical practitioner must provide the pharmacy with a valid prescription before dispensing, except for urgent cases. In urgent cases, we require the script either at the time of dispensing or within five days.

We recognise that you may not have prescribed some of thes medications for your patient. If this is the case, could you please advise us so we can re-direct the request to the correct doctor.

For ease and speed of processing, and minimise rejections by Medicare Australia, please date the prescriptions to correspond with the dispensed date appearing on the report, ie the date of supply. If your records indicate that you have already submitted these prescriptions after the date of this letter please disregard the prescription request.

We appreciate your co-operation in this matter and should you have any queries or concerns please contact us on 3840-8312 or 3840-1184.

Yours sincerely,

Jane Dowe Assistant Director - Patient Services UR: 10092 Wd: MCINERNEY, Ray John 4 LAINIE CRT \*\*-- Authority Script Required --\*\*
Script Date: 13 Nov 2019 RITUXIMAB [ADMIX] WANTIRNA STH INFUSION Medicare.No: 2469136361/1 Ent/Con..No: C 321456126A Oty(800) + 0xRpts [4613T Charge:\$6.50 Claim:\$2003.99] 112/1/0 UR: 10092 Wd: MCINERNEY, Ray John \*\*-- Authority Script Required --\*\*
Script Date: 23 Dec 2019
RITUXIMAB [VPBS]
1mg INFUSION 4 LAINIE CRT 1mg INFUSION Qty(800) + 7xRpts [4613T Charge:\$6.60 Claim:\$2003.99] WANTIRNA STH Medicare.No: 2469136361/1 121/2/0 Ent/Con..No: C 321456126A \*\*-- Authority Script Required --\*\*
Script Date: 23 Dec 2019
RITUXIMAB [VPBS]
1mg INFUSION
Qty(800) + 7xRpts 1
[4613T Charge:\$0.00 Claim:\$2003.99] UR: 10092 Wd: MCINERNEY, Ray John 4 LAINIE CRT WANTIRNA STH Medicare.No: 2469136361/1 Ent/Con.No: C 321456126A UR: 10092 Wd: MCINERNEY, Ray John 4 LAINIE CRT \*\*-- Authority Script Required --\*\*
Script Date: 23 Dec 2019
BOTULINUM TOXIN TYPE A (BOTOX) 100 units INJECTION
Qty(4) + 0xRpts WANTIRNA STH Medicare.No: 2469136361/1 129/1/0 Ent/Con..No: C 321456126A [10993N Charge:\$6.60 Claim:\$1349.96]