

**Podiatry Board of Australia – standard prescription pad template**

**PRESCRIPTION**

Full Name

**Podiatric Surgeon Endorsed for Scheduled Medicines**

Address: Insert

Address: Insert

Phone: 12 3456 7890

Fax: 12 3456 7890

Podiatry Board of Australia- **Registration No: xxx**

**Patient details:**

**Date:**

Name

.....

DOB .....

Address

.....

.....

**R<sub>x</sub>**

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Prescriber's signature