Podiatry Board of Australia – standard prescription pad template.

PRESCRIPTION

Full Name
Podiatrist 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
……

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Prescriber's signature