

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_x

Prescriber's signature