

## LABEL PRINTING OPTIONS – PRINT DOCTOR ON LABEL/REPEAT

Last Updated: Thursday, 2 April 2009

Author: Clare Porter

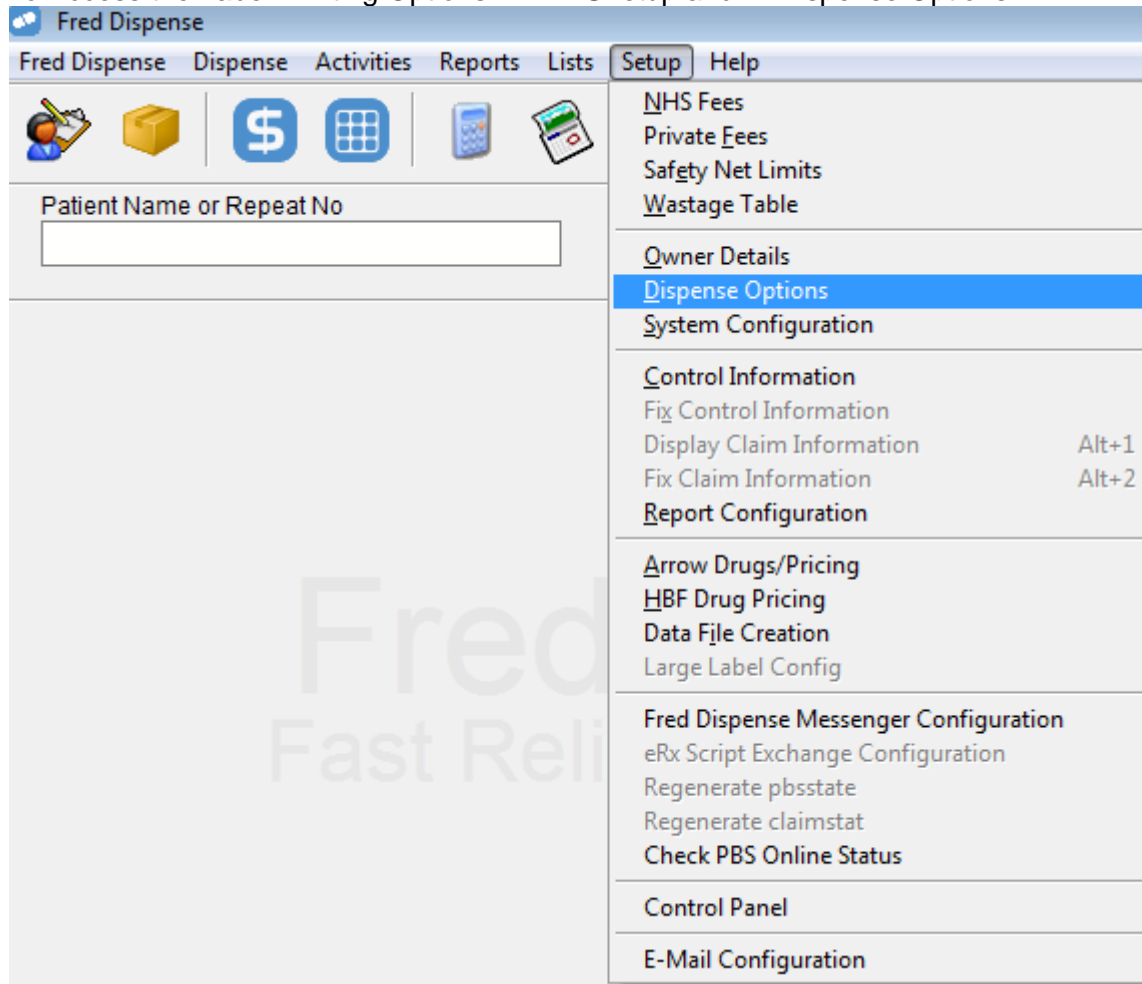
Summary .....	1
Details .....	1

### Summary

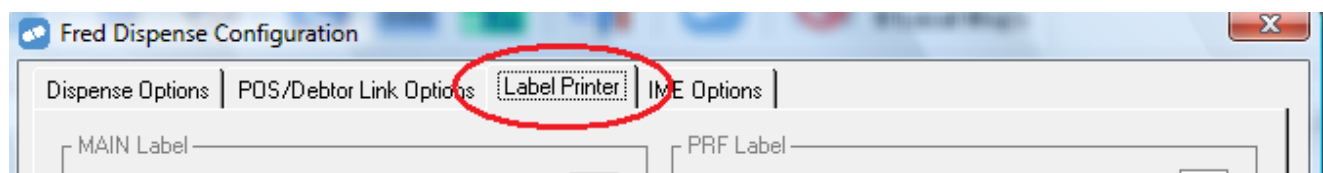
This options allows you to print the Doctor on the label and the repeat

### Details

To Access the Label Printing Options <ALT+S>etup and <D>ispense Options



Then Click on Label Printer




PRINT DOCTOR ON LABEL\REPEAT? Options are <B>oth, <N>either, <L>abel Only or <R>epeat Only

B = Both The Doctors name will print out on the label underneath the patients name

10/04/08 8313M 80348W \$31.30 MR DOUGIE NEW 298462	 Tel. 1300 651 118
<b>S 6</b> <b>A SIMVABELL</b> <b>80mg TAB</b> <b>30 \$31.30</b> <b>N 298462 GP</b> <b>10/04/08 5 Rpts</b>  Tel. 1300 651 118 Fax 1800 338 251	<b>SIMVABELL TABLETS 80mg 30</b> (SIMVASTATIN) <b>Take ONE tablet daily</b>  <b>MR DOUGIE NEW</b> 10/04/08 Dr Helene LEICHHARDT #18 298462 GP 5 Rpts \$31.30 <b>FRED</b> WE KNOW PHARMACY www.fred.com.au Tel. 1300 73 1888 Sales Free Call. 1800 888 828 LABELS BY:  Telephone 1300 651 118
	<b>SIMVABELL TABLETS 80mg Qty 30 (8313M)</b> <b>MR DOUGIE NEW 298462 GP 10/04/08 \$31.30</b>  <b>KEEP OUT OF REACH OF CHILDREN</b> FRED HEALTH PTY. LTD. Tel. 1300 73 1888 Sales Free Call. 1800 888 828

And the repeat will print out with the Doctor's Name next to the Repeats

PHARMACEUTICAL BENEFITS - PBS/RPBS <b>REPEAT AUTHORISATION</b> AP1571138 <small>VALID ONLY IF THE PATIENT/PHARMACIST OR DUPLICATE PRESCRIPTION IS ATTACHED</small>		<input checked="" type="checkbox"/>
Serial no. _____ PATIENT'S MEDICARE NO. 2293-58797-19 to 09/2009 PATIENT'S NAME & ADDRESS MR DOUGIE NEW 20 TRENNERY CRES ABBOTSFORD POST CODE _____	Prescriber no. 8013666 GEN CON ENT RPBS	<input checked="" type="checkbox"/>
Authority number _____ Entitlement number _____ <small>ORIGINAL PRESCRIPTION TRANSCRIPTION item, strength, quantity, directions and deferred supply (if applicable)</small> <b>SIMVABELL TABLETS 80mg Qty 30</b> Take ONE tablet daily  <b>5 Rpts Left</b> Dr Helene LEICHHARDT Rpt No 44833B <small>*** If needed before 01-May-08 consult pharmacist (SN20DR) ***</small>		
ORIGINAL PRESCRIPTION DETAILS DATE 10/04/08 No. 298462 PBS APPROVAL no. 80348W No. OF REPEATS AUTHORISED 5	NO. OF TIMES ALREADY DISPENSED (INCLUDING ORIGINAL SUPPLY IF ORIGINAL NOT SUPPLIED INSERT '0') 1	PRICED ITEMS ONLY \$
NAME AND PBS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY Valid to 10/04/09  Reg25: 0105	NAME AND PBS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION PCA NU SYSTEMS DEVELOPMENT George Pavlidis 25 ARGYLE ST FITZROY Ph: 9418 1800 10/04/08 GP 80348W	
PRESCRIPTION No. THIS SUPPLY _____	DATE THIS AUTHORISATION PREPARED _____	
I certify that I have received the medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.  _____ Date of supply _____ Patient's or Agent's signature _____ Agent's address		
<small>Privacy note: The information recorded on this form, including your Medicare number and details advised by Controlink and by the Commonwealth Department of Veterans' Affairs, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme, and Repatriation Pharmaceutical Benefits Scheme, and to determine payments due to pharmacists. Your Medicare number is being collected as it is required by law. In addition, with your consent, the pharmacist or doctor may store your Medicare number for use on future prescriptions. The</small>		

L = Label Only The doctor' name will printout underneath the patient's name

10/04/08 8313M 80348W \$31.30 MR DOUGIE NEW 298462	 Tel. 1300 651 118
<b>S 6</b> <b>Q SIMVABELL</b> <b>90mg TAB</b> <b>30 \$31.30</b> <b>N 298462 GP</b> <b>10/04 5 Rpts</b>  Tel. 1300 651 118 Fax 1800 338 251	<b>SIMVABELL TABLETS 80mg 30</b> (SIMVASTATIN) <b>Take ONE tablet daily</b>  <b>MR DOUGIE NEW</b> 10/04/08 Dr Helene LEICHHARDT H18 298462 GP \$31.30 <b>5 Rpts</b> <b>FRED</b> KEEP OUT OF REACH OF CHILDREN www.fred.com.au Tel. 1300 73 1888 Sales Free Call. 1800 888 828 WE KNOW PHARMACY LABELS BY:  Telephone 1300 651 118
<b>SIMVABELL TABLETS 80mg Qty 30 (8313M)</b> <b>MR DOUGIE NEW 298462 GP 10/04/08 \$31.30</b> KEEP OUT OF REACH OF CHILDREN FRED HEALTH PTY. LTD. Tel. 1300 73 1888 Sales Free Call. 1800 888 828	

and the repeat will print without the Doctor's Name

PHARMACEUTICAL BENEFITS - PBS/RPBS <b>REPEAT AUTHORISATION</b> AP1571139 VALID ONLY IF THE PATIENT/PHARMACIST OR DUPLICATE PRESCRIPTION IS ATTACHED		MARK RELEVANT BOX <input checked="" type="checkbox"/>
Serial no.	Prescriber no.	8013666 GEN <input checked="" type="checkbox"/>
PATIENT'S MEDICARE NO.	2293-58797-19 to 09/2009 CON	
PATIENT'S NAME & ADDRESS	MR DOUGIE NEW 20 TRENNERY CRES ABBOTSFORD	(*186864 ENT POST CODE RPBS
Authority number	Entitlement number	
ORIGINAL PRESCRIPTION TRANSCRIPTION (item, strength, quantity, directions and deferred supply if applicable) <b>SIMVABELL TABLETS 80mg Qty 30</b> Take ONE tablet daily  <b>5 Rpts Left</b> Rpt No 44833B *** If needed before 01-May-08 consult pharmacist (SN200R) ***		
DATE	PBS APPROVAL no.	NO. OF TIMES ALREADY DISPENSED INCLUDING ORIGINAL SUPPLY IF ORIGINAL NOT SUPPLIED INSERT '0'
10/04/08	80348W	1
No.	NO. OF REPEATS AUTHORISED	PRICED ITEMS ONLY
298462	5	\$
NAME AND PBS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY valid to 10/04/09	NAME AND PBS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION PCA NO SYSTEMS DEVELOPMENT	
 Reg25: 0105	George Pavlidis 25 ARGYLE ST FITZROY Ph: 9418 1800 10/04/08 GP 80348W	
PRESCRIPTION No. THIS SUPPLY	DATE THIS AUTHORISATION PREPARED	
I certify that I have received the medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading. _____ Date of supply _____ Patient's or Agent's signature _____ Agent's address		

Privacy note: The information recorded on this form, including your Medicare number and details advised by Cardlink and by the Commonwealth Department of Veterans' Affairs, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme, and Repatriation Pharmaceutical Benefits Scheme, and to determine payments due to pharmacists. Your Medicare number is being collected as it is required by law. In addition, with your consent, the pharmacist or doctor may give your Medicare number for use on future prescriptions. This collection of this information is authorised by the National Health Act 1953 and is usually disclosed to the Department of Health and Ageing, and Department of Veterans' Affairs. If you require additional information please contact your nearest Medicare office or the Department of Health and Ageing website (www.health.gov.au). Information pamphlets are also available from Medicare offices and from pharmacies.

4010 (05/02)

N= Neither The Doctor's name will not print on the Label

10/04/08 8313M 80348W \$31.30 MR DOUGIE NEW 298462	 Tel. 1300 651 118
<b>S 6</b> <b>Q SIMVABELL</b> <b>80mg TAB</b> <b>30 \$31.30</b> <b>N 298462 GP</b> <b>10/04 5 Rpts</b>  Tel. 1300 651 118 Fax 1800 338 251	<b>SIMVABELL TABLETS 80mg 30</b> (SIMVASTATIN) <b>Take ONE tablet daily</b>  <b>MR DOUGIE NEW</b> 10/04/08 <b>FRED</b> <small>KEEP OUT OF REACH OF CHILDREN</small> WE KNOW PHARMACY <small>www.fred.com.au</small> Tel. 1300 73 1888 Sales Free Call. 1800 888 828 LABELS BY: <small>stirlingFIDES Telephone 1300 651 118</small>
<b>SIMVABELL TABLETS 80mg Qty 30 (8313M)</b> <b>MR DOUGIE NEW 298462 GP 10/04/08 \$31.30</b>  KEEP OUT OF REACH OF CHILDREN FRED HEALTH PTY. LTD. Tel. 1300 73 1888 Sales Free Call. 1800 888 828	

The Doctor's name will not print on the Repeat

PHARMACEUTICAL BENEFITS - PBS/RPBS  
**REPEAT AUTHORISATION** AP1571139  
 VALID ONLY IF THE PATIENT/PHARMACIST OR DUPLICATE PRESCRIPTION IS ATTACHED MARK RELEVANT BOX

Serial no.	Prescriber no.	8013666 GEN	<input checked="" type="checkbox"/>
PATIENT'S MEDICARE NO.	2293-58797-19 to 09/2009		CON
PATIENT'S NAME & ADDRESS	MR DOUGIE NEW 20 TRENNERY CRES ABBOTSFORD	(*186864	ENT
Authority number	Entitlement number	RPBS	
ORIGINAL PRESCRIPTION TRANSCRIPTION (item, strength, quantity, directions and deferred supply if applicable) <b>SIMVABELL TABLETS 80mg Qty 30</b> Take ONE tablet daily  <b>5 Rpts Left</b> Rpt No <b>44833B</b> *** If needed before 01-May-08 consult pharmacist (SN200R) ***			
DATE	PBS APPROVAL no.	No. OF TIMES ALREADY DISPENSED INCLUDING ORIGINAL SUPPLY IF ORIGINAL NOT SUPPLIED INSERT '0'	PRICED ITEMS ONLY
10/04/08	80348W	1	\$
No.	No. OF REPEATS AUTHORISED		
298462	5		
NAME AND PBS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY Valid to 10/04/09		NAME AND PBS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION PCA NO SYSTEMS DEVELOPMENT	
 Reg25: 0105		George Pavlidis 25 ARGYLE ST FITZROY Ph: 9418 1800 10/04/08 GP 80348W	
PRESCRIPTION No. THIS SUPPLY		DATE THIS AUTHORISATION PREPARED	
I certify that I have received the medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.			
Date of supply		Patient's or Agent's signature	
Agent's address			

Privacy note: The information recorded on this form, including your Medicare number and details advised by Centrelink and by the Commonwealth Department of Veterans' Affairs, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme, and Repetitive Pharmaceutical Benefits Scheme, and to determine payments due to pharmacists. Your Medicare number is being collected as it is required by law. In addition, with your consent, the pharmacist or doctor may store your Medicare number for use on future prescriptions. The collection of this information is authorised by the National Health Act 1953 and is usually disclosed to the Department of Health and Ageing, and Department of Veterans' Affairs. If you require additional information please contact your nearest Medicare office or the Department of Health and Ageing website (www.health.gov.au). Information pamphlets are also available from Medicare offices and from pharmacists.


4015 (05/02)



R = Repeat Only The Doctor's name will not print on the Label

10/04/08 8313M 80348W \$31.30 MR DOUGIE NEW 298462	 Tel. 1300 651 118
<p><b>S 6</b>  <b>A SIMVABELL</b>  <b>80mg TAB</b>  <b>30 \$31.30</b>  <b>N 298462 GP</b>  <b>10/04 5 Rpts</b>                    Tel. 1300 651 118                  Fax 1800 338 251</p>	<p><b>SIMVABELL TABLETS 80mg 30</b>                  (SIMVASTATIN)  <b>Take ONE tablet daily</b></p> <p><b>MR DOUGIE NEW</b>                  10/04/08</p> <p><b>5 Rpts</b>                  H18 298462 GP \$31.30</p> <p><b>FRED</b> <b>KEEP OUT OF REACH OF CHILDREN</b>                  www.fred.com.au                  Tel. 1300 73 1888 Sales Free Call. 1800 888 828                  WE KNOW PHARMACY LABELS BY:  Telephone 1300 651 118</p>
<p><b>SIMVABELL TABLETS 80mg Qty 30 (8313M)</b>  <b>MR DOUGIE NEW 298462 GP 10/04/08 \$31.30</b></p> <p><b>KEEP OUT OF REACH OF CHILDREN</b>                  FRED HEALTH PTY. LTD. Tel. 1300 73 1888 Sales Free Call. 1800 888 828</p>	

The Doctor's name will only print on the repeat

PHARMACEUTICAL BENEFITS - PBS/RPBS <b>REPEAT AUTHORISATION</b> AP1571138 VALID ONLY IF THE PATIENT/PHARMACIST OR DUPLICATE PRESCRIPTION IS ATTACHED		MARK RELEVANT BOX <input checked="" type="checkbox"/>
Serial no. Prescriber no. 8013666 GEN	PATIENT'S MEDICARE NO. 2293-58797-19 to 09/2009 CON	
PATIENT'S NAME & ADDRESS MR DOUGIE NEW 20 TRENNERY CRES ABBOTSFORD POST CODE RPBS	(*186864 ENT	
Authority number Entitlement number ORIGINAL PRESCRIPTION TRANSCRIPTION item, strength, quantity, directions and deferred supply (if applicable) <b>SIMVABELL TABLETS 80mg Qty 30</b> Take ONE tablet daily	5 Rpts Left Dr Helene LEICHHARDT Rpt No 44833B *** If needed before 01-May-08 consult pharmacist (SN20DR) ***	
ORIGINAL PRESCRIPTION DETAILS DATE 10/04/08 PBS APPROVAL no. 80348W No. 298462 No. OF REPEATS AUTHORISED 5	No. OF TIMES ALREADY DISPENSED (INCLUDING ORIGINAL SUPPLY) IF ORIGINAL NOT SUPPLIED INSERT '0' 1	PRICED ITEMS ONLY \$
NAME AND PBS APPROVAL NUMBER OF PHARMACIST DISPENSING THIS SUPPLY Valid to 10/04/09  Reg25: 0105	NAME AND PBS APPROVAL NUMBER OF PHARMACIST ISSUING THIS AUTHORISATION PCA NU SYSTEMS DEVELOPMENT George Pavlidis 25 ARGYLE ST FITZROY Ph: 9418 1800 10/04/08 GP 80348W	
PRESCRIPTION No. THIS SUPPLY	DATE THIS AUTHORISATION PREPARED	
I certify that I have received the medication and the information relating to any entitlement to free or concessional pharmaceutical benefits is not false or misleading.		
Date of supply	Patient's or Agent's signature	
Agent's address		
Privacy note: The information recorded on this form, including your Medicare number and details advised by Centrelink and by the Commonwealth Department of Veterans' Affairs, will be used to assess your entitlement to benefits under the Pharmaceutical Benefits Scheme, and Repatriation Pharmaceutical Benefits Scheme, and to determine payments due to pharmacists. Your Medicare number is being collected as it is required by law. In addition, with your consent, the pharmacist or doctor may store your Medicare number for use on future prescriptions. The		



1300 731 888 (Local Call Cost)

[help@fred.com.au](mailto:help@fred.com.au)

8.30am - 9.00pm (EST) Mon – Fri

8.30am - 5.00pm (EST) Sat, Sun & Public Holidays

[www.fred.com.au](http://www.fred.com.au)