

Mock evidence - acceptable

This is a program agreement to assist J. [REDACTED] Citizen with XYZ.

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Patient's details:

Name:	J. [REDACTED] Citizen
Address:	[REDACTED] Kew East, VIC, 3102
Contact phone:	[REDACTED]
Email address:	[REDACTED]@gmail.com
DOB:	[REDACTED]
Medicare number:	[REDACTED]

Patient's Licence / ID:



Patient's name (please print): J. [REDACTED] CITIZEN

Patient's signature: [REDACTED] Citizen

Date: 1 May 2019

Pharmacist's name (please print): J. [REDACTED] DOE

Pharmacist's signature: [REDACTED] Doe

Date: 1 May 2019