

Mock evidence - original

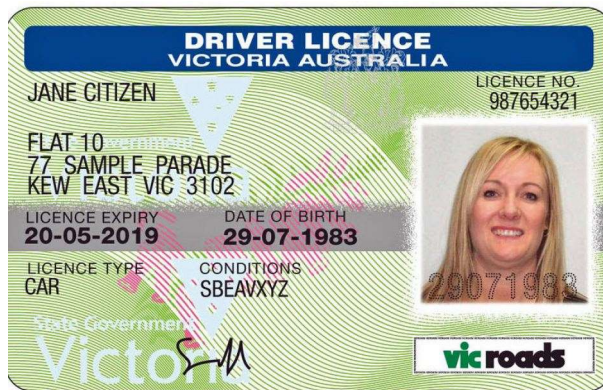
This is a program agreement to assist Jane Citizen with XYZ.

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Patient's details:

Name:	Jane Citizen
Address:	Flat 10 77 Sample Parade, Kew East, VIC, 3102
Contact phone:	0412 345 678
Email address:	example@gmail.com
DOB:	29 July 1983
Medicare number:	123 456 789

Patient's Licence / ID:



Patient's name (please print): JANE CITIZEN

Patient's signature: Jane Citizen

Date: 1 May 2019

Pharmacist's name (please print): JOHN DOE

Pharmacist's signature: John Doe

Date: 1 May 2019