## **Official Pharmacy Receipt**

**Pharmacy Name:** [Pharmacy Name]  
[Pharmacy Logo]  
**License No.:** [Pharmacy License Number]  
**Address:** [Pharmacy Address]  
**Contact Info:** [Phone/Email]  
**TIN:** [Tax Identification Number]

**Receipt No.:** [Unique Receipt Number]  
**Date:** [Date of Issue]

### **Customer Details:**

**Name:** [Customer Name]  
**Contact No.:** [Customer Contact Number]

### **Prescription Details:**

**Prescribing Doctor:** [Doctor’s Name]  
**Prescription ID:** [Prescription Number]

### **Transaction Details:**

| **Medication/Item** | **Qty** | **Unit Price** | **Total Price** |
| --- | --- | --- | --- |
| [Medicine/Item Name] | [Qty] | [Unit Price] | [Total Price] |
| [Medicine/Item Name] | [Qty] | [Unit Price] | [Total Price] |

**Subtotal:** $[Subtotal]  
**Tax:** $[Tax Amount]  
**Total Amount:** **$[Total Amount Paid]**

**Payment Method:** [Cash/Card/Insurance]  
**Pharmacist:** [Pharmacist’s Name]

**Authorized Signature:**

[Name of Pharmacist/Authorized Person]