

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]