

Detailed Prescription Bill Report

Prescription Bill Number: 1

Prescription Number: 1

Prescription Name: Fluoride Rinse

Prescription Notes: Recommended for daily use to strengthen tooth enamel and prevent cavities.

Price: 15.0

Quantity: 1

Total: 15.0

Patient Number: 1 | Patient First Name: emily | Patient Last Name: johnson | DOB: 1987-05-12 | Gender: F

Address: 123 Oak Street | City: Chicago | State: IL | Zip Code: 60601

Insurance Company: Guardian | Insurance Policy Number: 708555123

Print Name: _____

Sign Name: _____

Date: _____