## PRESCRIPTION CLAIM FORM

FORM NO.

123456789

Scheme Type	
Patient Name	
Patient Address	:

rivate Scheme	Date Dispense
Gregory Higgins	Prescriber Nan
	Prescriber
	Address
	f

d ne

15/03/2025 Dr. Krista Daniels Hangover Medical Centre Hangover Medical Centre 5 Lazer Lane Dublin 2 Dublin 2

Patient Reference No.

Prescriber No.

DRUG NAME AND STRENGTH	DRUG CODE	QUANTITY	COST
Ibuprofen	53490	1	\$ 48.95
TOTAL PAID BY/OR ON BEHALF OF PATIENT			\$ 48.95

Pharmacy	
	RECEIVED BY:
	To be signed by patient (for representative)
Pharmacy Stamn	