

FORM NO.

Private Scheme

21

03

2025

Gregory Higgins

[illegible]

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Hangover Medical Centre

5 Lazer Lane Dublin 2

Dublin 2

Prescriber No.

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

Pharmacy

To be signed by patient (for representative)

Pharmacy Stamp

RECEIVED BY: _____