PRESCRIPTION CLAIM FORM

FORM NO.

9955521

Scheme Type
Patient Name
Patient Email
Patient Address

Private Scheme	E
Sara Clayton	P
Sara.99 @email.com	F
	A
	Б

Date Dispensed Prescriber Name Prescriber Address

26/03/2025
Dr. Marco Polo
Talbot Street Medical Centre
Talbot Street Medical Centre
10 Talbot Street Dublin 1
Dublin 1

Patient Reference No.

Prescriber No.

DRUG NAME AND STRENGTH	DRUG CODE	QUANTITY	COST
Cough Syrup	CSYRUP	3	\$ 48.95
Paracetamol	PCMOL	1	\$ 14.99
TOTAL PAID BY/OR ON BEHALF OF PATIENT			\$ 63.94

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