PRESCRIPTION CLAIM FORM

FORM NO.

Scheme Type	Private Scheme	Date Di	spensed 21 (03 2025
Patient Name	Gregory Higgins	Prescriber Name	Dr. Krista Danie	ls
Patient Address	-	Prescriber	Hangover Medic	
		Address	5 Lazer Lane Du	blin 2
			Dublin 2	
Patient Reference No.		Prescriber No.		
Tation Notorchoo	110.			
	DRUG NAME AND STRENGTH		QUANTITY	COST
	TROO NAME AND STRENGTH	DRUG CODE	DISPENSED	
Ibuprofen		53490	1	\$ 48.95
TOTAL PAID BY/OR O	ON BEHALF OF PATIENT	,		\$ 48.95
Pharmacy		т	o be signed by patient (for repr	resentative)

Pharmacy	
	Pharmacy Stamp

RECEIVED BY: