|  |  |  |
| --- | --- | --- |
| **PRESCRIPTION CLAIM FORM** | **FORM NO.** | **9955521** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scheme Type** | Private Scheme | **Date Dispensed** | 26/03/2025 |
| **Patient Name** | Sara Clayton | **Prescriber Name** | Dr. Marco Polo |
| **Patient Email** | Sara.99 @email.com | **Prescriber** | Talbot Street Medical Centre |
| **Patient Address** |  | **Address** | 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  **Pharmacy Stamp** |

RECEIVED BY: -----------------------------------------------------------------------

To be signed by patient (for representative)