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| **PRESCRIPTION CLAIM FORM** | **FORM NO.** |

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| **Scheme Type** | Private Scheme | | **Date Dispensed** | | 21 | 03 | 2025 |
| **Patient Name** | Gregory Higgins | **Prescriber Name** | | Dr. Krista Daniels | | | |
| **Patient Address** | - | **Prescriber** | | Hangover Medical Centre | | | |
|  |  | **Address** | | 5 Lazer Lane Dublin 2 | | | |
|  |  |  | | Dublin 2 | | | |

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| **Patient Reference No.** |  | **Prescriber No.** |  |

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

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| Pharmacy  **Pharmacy Stamp** |

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

To be signed by patient (for representative)