## **Medical Store Bill Format**

**Medical Store Name:** City Pharmacy

Address: 123 Main Street, Anytown, USA

Phone: (123) 456-7890

**Date:** May 16, 2024

**Time:** 3:45 PM

**Receipt No.:** 987654

Patient Name: John Doe

Patient ID: JD4561237890

Cashier: Jane Smith

Item No.	Description	Quantity	Unit Price	Total Price
1	Amoxicillin 500mg	30 capsules	\$0.50	\$15.00
2	Cetirizine 10mg	20 tablets	\$0.30	\$6.00
3	Ibuprofen 200mg	50 tablets	\$0.10	\$5.00
4	Multivitamin Men 50+	60 tablets	\$0.25	\$15.00

**Subtotal:** \$41.00

Sales Tax (8%): \$3.28

**Total:** \$44.28

Payment Method: Credit Card

Card Type: Visa

**Card Last Four Digits:** 1234

Thank you for your visit!