

Medical Receipt Form for Prescription Medication

This **medical receipt form** sample provides a clear and organized way to document prescription medication transactions. It ensures accurate record-keeping for both patients and healthcare providers. Use this form to streamline the dispensing and payment process efficiently.

Healthcare Provider/Pharmacy Name:

Provider Address:

Provider Phone:

Patient Name:

Patient Date of Birth:

Patient ID / Record #:

Prescription Details:

Medication Name	Dose	Quantity	Instructions

Prescribing Doctor:

Prescription Date:

Prescription Number (Rx #):

Total Cost:

Payment Method:

Date Dispensed:

Name of Person Dispensing:

Additional Notes:

Signature: _____ *Date:* _____