

# 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Prescribing Doctor:**

**Prescription Date:**

**Prescription Number (Rx #):**

**Total Cost:**

**Payment Method:**

**Date Dispensed:**

**Name of Person Dispensing:**

**Additional Notes:**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_