

YOUR COMPANY NAME

Address

CITY, STATE, ZIP CODE

Phone Number

Advertising Line

DATE		PHYSICIAN				R _x No.	
Name _____							
Address _____							
TAKEN BY	FILLED BY	CASH	CHARGE	C.O.D.	REFILL	WILL CALL	DELIVER
QUAN.	DESCRIPTION			PRICE		AMOUNT	
PATIENT'S NAME				AMOUNT OF SALE			
PRESCRIPTIONS EXPERTLY COMPOUNDED. -----				TAX			
SAVE THIS RECEIPT FOR INCOME TAX RECORDS.				TOTAL			
0001001 Rec'd by _____							