

YOUR COMPANY NAME

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

DATE		PHYSICIAN				R# 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 _____			