

**Sunrise Medical Clinic**

123 Wellness Avenue, New City, State

Phone: (123) 456-7890

Email: info@sunriseclinic.com

**Medical Prescription Receipt**

Receipt No.:

RX2024-00123

Date:

2024-06-15

Patient Name:

John Doe

Age/Gender:

36 / Male

Doctor's Name:

Dr. Jane Smith

Registration No.:

MED/123456

Medicine/Service	Dosage	Quantity	Unit Price (₹)	Amount (₹)
Amoxicillin 500mg	1 tab - 3 times/day	15	12.00	180.00
Paracetamol 500mg	1 tab - 2 times/day	10	5.00	50.00
Consultation Fee	-	1	400.00	400.00

Total Amount ₹ 630.00

Amount Received ₹ 630.00

Payment Mode Cash

Authorized Signature

(Dr. Jane Smith)

**Important Notes:**

- This receipt serves as both proof of payment and a summary of prescribed medicines and services.
- Verify patient and doctor details for healthcare and legal compliance.
- Keep this receipt for insurance claims and future reference.
- Medicines should be consumed as per the prescribed dosage.
- Contact the clinic immediately in case of any adverse drug reactions.

