**Medical Store Bill Format**



**Medical Store Name:** City Pharmacy
**Address:** 123 Main Street, Anytown, USA
**Phone:** (123) 456-7890
**Date:** May 16, 2024
**Time:** 3:45 PM
**Receipt No.:** 987654

**Patient Name:** John Doe
**Patient ID:** JD4561237890

**Cashier:** Jane Smith

| **Item No.** | **Description** | **Quantity** | **Unit Price** | **Total Price** |
| --- | --- | --- | --- | --- |
| 1 | Amoxicillin 500mg | 30 capsules | $0.50 | $15.00 |
| 2 | Cetirizine 10mg | 20 tablets | $0.30 | $6.00 |
| 3 | Ibuprofen 200mg | 50 tablets | $0.10 | $5.00 |
| 4 | Multivitamin Men 50+ | 60 tablets | $0.25 | $15.00 |

**Subtotal:** $41.00
**Sales Tax (8%):** $3.28
**Total:** $44.28

**Payment Method:** Credit Card
**Card Type:** Visa
**Card Last Four Digits:** 1234

**Thank you for your visit!**