

Spring Branch Pharmacy

305 W FM 1382, Suite 3 · Spring Branch, TX 77104
(281) 555-0100

Pharmacist: J. Whitmore, PharmD

PRESCRIPTION RECEIPT

Patient: Jordan A. Sample DOB: 03/14/1988

Account #: RX-88120 RX-2026-33120

Date: 09/07/2026

Atorvastatin 20 mg tablet – Qty 30 (30-day supply), Refill 1 of 5

09/06/2026 RX 4471120

(dispensed generic; prescriber: P. Rao, MD) –

09/06/2026 NDC 00093-1049-01

Total charge	\$14.00
Insurance / plan paid	\$0.00
Patient responsibility	\$14.00
Patient payment received	-\$14.00
Account balance	\$0.00

Date: 09/06/2026 Method: Visa ending 0213 Amount: \$14.00

Status: Paid in full

Pharmacy prescription receipt – fill date, drug name/strength, Rx number and NDC, quantity and days supply, prescriber, patient, and amount paid. Retain for HSA/FSA reimbursement. (A front-register receipt showing only a total is not enough.)

SAMPLE – synthetic exemplar; fictitious data; not a real record.