PHARMACY NAME

123 Medical Plaza, Health City
Phone: (555) 000-0000

INVOICE

[000001]
Date: [MM/DD/YYYY]

BILL TO:

[Customer Name]
[Address]
[Phone Number]

PHARMACIST/ATTENDANT:

[Name/ID Number]

Item Description (OTC)	Qty	Unit Price	Total
[Product Name / Brand / Dosage]	[0]	$0.00	$0.00
[Product Name / Brand / Dosage]	[0]	$0.00	$0.00
[Product Name / Brand / Dosage]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax (0%): $0.00

Total: $0.00

Thank you for your business.

Note: For over-the-counter medication. Please consult a pharmacist if symptoms persist.