Cedar Hill Pharmacy

305 W FM 1382, Suite 3 · Cedar Hill, TX 75104
(972) 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	$14.00
(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.