

SPH PHARMACY

Gen. Luna St., Iloilo City

TIN: 000-250-050-000VAT

SERIAL # PTS600X018716008RA2703

MIN 080075307

ACCREDITATION # 049-153359459-000023

OFFICIAL RECEIPT

OR#/DT : 0001869803 03/12/2024
CLIENT : ARRIESGADO, RICARDO JR C
CLERK : TAMAYOR, DIONISSE MAUREE
CASHIER: TAMAYOR, DIONISSE MAUREE
SO#/CRJ: 2160429096 0

QTY	DESCRIPTION	AMOUNT
	CINCHOCAINE/ POLICRESULIN	
1	FAKTU OINTMENT 20G(HF)@	1,427.82V
	PURIFIED WATER	
1	SPRING OF LIFE BOTTLED W	12.00V

TOTAL PURCHASE : 1,439.82
LESS DISCOUNT : 0.00
TOTAL AMOUNT DUE : 1,439.82
CARD PAYMENT : 1,439.82
APPROVAL : 023227
CARD NO : ***2294
VAT SALE : 1,285.55
VAT EXEMPT SALE : 0.00
ZERO-RATED SALE : 0.00
12% VAT : 154.27

SIGNATURE : _____
ADDRESS : _____
TIN : _____
SC # : _____
PHYSICIAN: _____
PRC/PTR # : _____

DEBIT CARD

Your assurance of safe & quality drugs.
Thank you. Come again!

Exchange of Item is allowed within
5 days of purchase please present
the Tape Receipt.

THIS SERVES AS AN OFFICIAL RECEIPT
03/12/2024 01:01:38 AM



ST. PAUL'S HOSPITAL ILOILO

Gen. Luna St., Iloilo City

SPHI-NSD-04-33-01

PRESCRIPTION PAD

NAME: Amisgado, Maudy DATE: 3/11/11
 ROOM: _____ Age: 40 / F CASE No: _____

NOTE: MAXIMUM OF THREE (3) ITEMS PER PRESCRIPTION ONLY

Rx

Faktn suppository #1
 Sig: Give 1 sup now per return

Faktn ointment #1
 Sig: Apply to return
 98#

*Medication/s purchased outside must be registered in the SPHI pharmacy.

Ordered by:
 Requested by:
 Dispensed by:
 Received by:
 Charged by:

Dr. Engada

License# _____
 MD PTR # _____
 RN am/pm/nite _____
 RPh am/pm/nite _____
 am/pm/nite _____
 RPh am/pm/nite _____