**MEDICAL RECEIPT**

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| **DATE** | | | **SALESPERSON** | | | **METHOD OF PAYMENT** | | | | | | | |
|  | | |  | | | CA | CK | | VS | | MC | AX | DS |
|  | | | | | | | | | | | | | |
| **CUSTOMER** | | | | **COMPANY** | | | | | | | | | |
| NAME | | | | NAME | | | | | | | | | |
| ADDRESS | | | | ADDRESS | | | | | | | | | |
| CITY | | | | CITY | | | | | | | | | |
| STATE | | ZIP | | STATE | | | | ZIP | | | | | |
| PHONE | | | | PHONE | | | | | | | | | |
| EMAIL | | | | EMAIL | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **ITEMS SOLD** | | | | | | | | | | | | | |
| **QUANTITY** | **DESCRIPTION** | | | | **PRICE PER UNIT** | | | | | **TOTAL** | | | |
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|  | | | | | SUB TOTAL | | | | |  | | | |
| TAX RATE | | | | |  | | | |
| SHIPPING | | | | |  | | | |
| TOTAL PAID | | | | |  | | | |