

**PART RESERVED FOR THE PHARMACIST OR SUPPLIER**

SURNAME and name of patient PAUL HENRY  
 Prescription made out by Dr MELO DOMINIQUE Identified by No. 315036595

**1st INVOICING  
 BY THE PHARMACIST OR SUPPLIER**

No. OF ITEM ON PRESCRIP- TION	Detailed pricing or various operations	TOTAL
1	3X102.00	306.60
2	2X48.00	96.00
3	3X11.60	34.80
Overall total of products		437.40
Sum actually received		437.40

**2nd INVOICING  
 BY THE PHARMACIST OR SUPPLIER**

No. OF ITEM ON PRESCRIP- TION	Detailed pricing or various operations	TOTAL
<b>1st PRESCRIPTION</b>		
VAT 2.1 % LABEL		VAT 2.1 % LABEL
AOTAL 333 MG		AOTAL 333 MG
60 TABLETS		60 TABLETS
329.761.5		329.761.5
Overall total of products		102.20 F
Sum actually received		102.20 F

Date of prescription 29.06.96  
 Date of invoice 08.08.96  
 STAMP:  
 PHARMACY OPERA 1st  
 Mrs TRAN  
 51 RUE ST ROCH  
 75001 PARIS  
 Tel. [REDACTED]  
 5 2 02818 3 OP: 4 08.08.96 16:

VAT 2.1 % LABEL  
 AOTAL 333 MG  
 60 TABLETS  
 329.761.5  
 102.20 F

2.1 % LABEL      2.1 % LABEL  
 TIAPRIDAL 100 mg      TIAPRIDAL 100 mg  
 Divisible tabs (20)      Divisible tabs (20)  
 317 421-9      317 421-9  
 48.00 F      48.00 F

VAT 2.1 % LABEL  
 NOCTAMIDE 1 mg  
 10 Tablets 331 476-2  
 11.60 F

VAT 2.1 % LABEL  
 NOCTAMIDE 1 mg  
 10 Tablets 331 476-2  
 11.60 F

VAT 2.1 % LABEL  
 NOCTAMIDE 1 mg  
 10 Tablets 331 476-2  
 11.60 F

**2nd PRESCRIPTION**

The insured should keep the original of the prescription and send the second copy to his/her sickness insurance organization.  
**If it is a renewal, he/she should send only this invoicing slip without attaching the prescription.**

Overall total of products  
 Sum actually received

Date of prescription  
 Date of invoice

Stick the labels here in the order of the prescription  
 STAMP: