

SA ACUTE

PROMISED: 02:06p

RdyFillElig 11-07-2017

Scripts: 01

11/07/2017

CUSTOMER RECEIPT

CVS/pharmacy #10467 Ph: 847.326-1201

3780 WILLOW RD.
NORTHBROOK, IL
60062

COUNSEL
New Drug



27 0175055 000 000 00 0008500

SAHA, DIPTARKA

1318 E ALGONQUIN RD APT 3D, SCHAUMBURG, IL 60173
Ph: 224.595-7954 DOB: 03-89

Date: 11/07/2017 DAW: 0

Rx: 0175855 00

DUREZOL 0.05% EYE DROPS

ALCON/NOVARTIS

1 DROP IN THE RIGHT EYE EVERY 2 HRS AS DIRECTED, THEN 1 DROP
TWICE DAILY X1 WEEK, THEN 1 DROP DAILY

INS: \$73.18

NDC:00065-9240-07 Days Supply: 30 Refills: 1 Qty:5 ML

Prschr: Akhtar, Jihan Bhi

GR: 3336239

PAY: \$85.00

TP: 34670

AUTH#: 49177110468401

CIGNA BIN017010 PNO2150000

Caps: Y

981

Get the ultimate in flu protection.



\$5 off \$25* when you get a flu shot.**

*Offer available 8/14/17 to 3/31/18. Coupon valid for one time use at CVS Pharmacy® locations on non-pharmacy purchases with a minimum purchase of \$25. ExtraCare® card must be presented for savings. Cannot be redeemed at MinuteClinic® or to discount flu shot. Terms and conditions are applied to coupon. See coupon for details. Cannot be issued or redeemed in AR, NJ, NY and HI or CVS Pharmacy locations inside Target stores. Cannot be issued at MinuteClinic locations in MA, RI and PA. Limit one per customer.

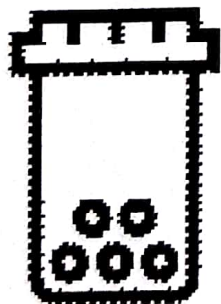
**Flu shots available when immunizing pharmacist or MinuteClinic health care provider is on duty, while supplies last. Age restrictions apply.

♥CVS pharmacy

813402

Coupon

Expires: 07-11-2017



Take. Secure. Dispose.

3 easy steps to handle commonly abused prescription drugs safely and responsibly.

Learn more at
CVS.com/prescription-drug-abuse

SA
10/27/2017

PROMISED: 05:18p
10-27-2017
Scripts: 01

CVS pharmacy #10467 Ph: 847.326-1201
3780 WILLOW RD
NORTHBROOK, IL
60062

CUSTOMER RECEIPT

COUNSEL
New Drug



SAHA, DIPTARKA

1318 E ALGONQUIN RD APT 3D, SCHAUMBURG, IL 60173
Ph: 224.595-7954 DOB: 03-89

Date: 10/27/2017 DAW: 0

Rx: 0174847 00

CYCLOPENTOLATE 1% EYE DROPS

AKORN INC

INSTILL 1 DROP INTO THE RIGHT EYE DAILY AT BEDTIME

INS: \$4.16

NDC:17478-0100-02 Days Supply: 30 Refills: 0 Qty:2 ML

Prschr: Rosin, Jonathan

TP: 34670

AUTH#: A0177002239131

GR: 3336239

CIGNA BIN017010 PN02150000

PAY: \$4.13

Caps: Y

Please note that an important notice related to privacy of your personal healthcare information has been printed on the reverse of this receipt. Please review the provided information carefully.

CVS/pharmacy requests that you acknowledge receipt of this notice by signing the store's acknowledgement log or you may sign the coupon below and mail to the CVS Privacy Office at the address set forth on the Notice.

If you have any questions or concerns please feel free to contact the CVS Privacy Office in writing or by calling 1-800-287-2414.

CVS/pharmacy

Acknowledgement

I _____ (printed name)
have received CVS/pharmacy's Notice of Privacy Practices.

Signature: _____

Date: _____

Please detach and return this Acknowledgement to your local CVS/pharmacy or to the address specified on the Notice.

CVS/pharmacy

SA
10/27/2017

PROMISED: 05:17p
10-27-2017
Scripts: 01

CVS pharmacy #10467 Ph: 847.326.1201

CUSTOMER RECEIPT

3780 WILLOW RD.
NORTHBROOK, IL
60062

COUNSEL
New Patient



SAHA, DIPTARKA

1318 E ALGONQUIN RD APT 3D, SCHAUMBURG, IL 60173
Ph: 224.595-7954 DOB: 03-89

Date: 10/27/2017 DAW: 0

Rx: 0174846 00

PREDNISOLONE AC 1% EYE DROP

SANDOZ
INSTILL 1 DROP INTO THE RIGHT EYE 6 TIMES DAILY FOR 3 DAYS,
THEN 4 TIMES DAILY

INS: \$10.69

NDC: 61314-0637-05 Days Supply: 30 Refills: 0 Qty: 5 ML

Prschr: Rosin, Jonathan

PAY: \$15.00

TP: 34670

GR: 3336239

AUTH#: A4177003888601

CIGNA BIN017010 PN02150000

Caps: Y

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CVS/pharmacy

CVS/pharmacy

3780 WILLOW RD
GLENVIEW, IL 60025
847.326.1201

REG#13 TRN#7746 CSHR#0000012 STR#10467

F 1 RX #: ****8470000 4.13N
F 1 RX #: ****8460000 15.00N

2 ITEMS

TOTAL 19.13
CHARGE 19.13
*****5865 CH

Visa Credit *****5865

APPROVED# 08073B

REF# 137464

TRAN TYPE: SALE

AID: A000000031010

TC: 57509ACED311A613

TERMINAL# 84260997

NO SIGNATURE REQUIRED

CVM: 1E0300

TVR(95): 8000008000

TSI(9B): 6800

CHANGE .00



2510 4677 3007 7461 31

State law may prohibit the return
of prescriptions. Please consult
your pharmacist.

RETURNS WITH RECEIPT THRU 12/26/2017

OCTOBER 27, 2017 4:25 PM

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 19.13

FSA summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

GET YOUR CVS EXTRACARE CARD

THANK YOU. SHOP 24 HOURS AT CVS.COM

CVS/pharmacy®

3780 WILLOW RD
GLENVIEW, IL 60025
847.326.1201

REG#13 TRN#8357 CSHR#0000012 STR#10467

F 1 RX #: ****8550000 85.00N

TOTAL 85.00
CHARGE 85.00
*****5865 CH

Visa Credit *****5865
APPROVED# 02015B
REF# 133578
TRAN TYPE: SALE
AID: A000000031010
TC: 027C198AAA963FF6
TERMINAL# 84260997
SIGNATURE REQUIRED
CVM: 1E0300
TVR(95): 8000008000
TSI(9B): 6800

CHANGE .00



2510 4677 3118 3571 34

State law may prohibit the return
of prescriptions. Please consult
your pharmacist.

RETURNS WITH RECEIPT THRU 01/06/2018

NOVEMBER 7, 2017 5:23 PM

F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 85.00

FSA summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

GET YOUR CVS EXTRACARE CARD

THANK YOU. SHOP 24 HOURS AT CVS.COM