

Snowdrop Pharmacy

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INVOICE

BILLED TO

Ramim
01645213657

Invoice ID: #10
Date of Issue: 23 Oct, 2025

NO.	DRUG NAME	PRICE PER UNIT	QUANTITY	PRICE
1	Pentamidine 300 mg	500.00	20	0.00
Subtotal:				10,000.00
Discount:				0.00
TOTAL				10,000.00

Thank you for your business!