

Pharmacy Contract Agreement

Contract Name: Contract\_C

Pharmacy Company: Pharmacy Company C Inc.

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

Total Agreement Amount: \$146885

Time Span: 5 years

Valid Until: 2029-09-21

Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

Terms and Conditions:

- 1. The Pharmacy will supply the listed medicines as agreed.
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Pharmacy Company: Pharmacy Company C Inc.

## Pharmacy Contract Agreement

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

Total Agreement Amount: \$146885

Time Span: 5 years

Valid Until: 2029-09-21

Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

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Contract Name: Contract\_C

Pharmacy Company: Pharmacy Company C Inc.

Hospital Group: Hospital C Group

Agreement Date: 2024-08-31

## Pharmacy Contract Agreement

Total Agreement Amount: \$146885

Time Span: 5 years

Valid Until: 2029-09-21

Medicine List: Lisinopril, Atorvastatin, Aspirin, Ibuprofen

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