Contract Name: Contract_A
Pharmacy Company: Pharmacy Company A Inc.
Hospital Group: Hospital A Group
Agreement Date: 2024-02-16
Total Agreement Amount: \$132881
Time Span: 4 years
Valid Until: 2028-02-18
Medicine List: Ibuprofen, Aspirin, Amoxicillin, Levothyroxine
Terms and Conditions:
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Pharmacy Company: Pharmacy Company A Inc.
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Agreement Date: 2024-02-16
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Pharmacy Company: Pharmacy Company A Inc.

Hospital Group: Hospital A Group

Agreement Date: 2024-02-16

Total Agreement Amount: \$132881

Time Span: 4 years

Valid Until: 2028-02-18

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Contract Name: Contract_A		
Pharmacy Company: Pharmacy Company A Inc.		
Hospital Group: Hospital A Group		
Agreement Date: 2024-02-16		
Total Agreement Amount: \$132881		
Time Span: 4 years		
Valid Until: 2028-02-18		
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