

Pharmacy Contract Agreement

Contract Name: Contract_D

Pharmacy Company: Pharmacy Company D Inc.

Hospital Group: Hospital D Group

Agreement Date: 2024-03-24

Total Agreement Amount: \$372802

Time Span: 4 years

Valid Until: 2028-09-19

Medicine List: Levothyroxine, Aspirin, Atorvastatin, Lisinopril

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Valid Until: 2028-09-19

Medicine List: Levothyroxine, Aspirin, Atorvastatin, Lisinopril

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Contract Name: Contract_D

Pharmacy Company: Pharmacy Company D Inc.

Hospital Group: Hospital D Group

Agreement Date: 2024-03-24

Total Agreement Amount: \$372802

Time Span: 4 years

Valid Until: 2028-09-19

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 2. The Hospital agrees to use the medicines strictly for patient treatment.
 3. Payments will be made within 30 days of delivery.
 4. Any breach of contract will be legally pursued.
-

Contract Name: Contract_D

Pharmacy Company: Pharmacy Company D Inc.

Hospital Group: Hospital D Group

Agreement Date: 2024-03-24

Total Agreement Amount: \$372802

Time Span: 4 years

Valid Until: 2028-09-19

Medicine List: Levothyroxine, Aspirin, Atorvastatin, Lisinopril

Pharmacy Contract Agreement

Terms and Conditions:

1. The Pharmacy will supply the listed medicines as agreed.
 2. The Hospital agrees to use the medicines strictly for patient treatment.
 3. Payments will be made within 30 days of delivery.
 4. Any breach of contract will be legally pursued.
-

Contract Name: Contract_D

Pharmacy Company: Pharmacy Company D Inc.

Hospital Group: Hospital D Group

Agreement Date: 2024-03-24

Total Agreement Amount: \$372802

Time Span: 4 years

Valid Until: 2028-09-19

Medicine List: Levothyroxine, Aspirin, Atorvastatin, Lisinopril

Terms and Conditions:

1. The Pharmacy will supply the listed medicines as agreed.
 2. The Hospital agrees to use the medicines strictly for patient treatment.
 3. Payments will be made within 30 days of delivery.
 4. Any breach of contract will be legally pursued.
-

Contract Name: Contract_D

Pharmacy Company: Pharmacy Company D Inc.

Pharmacy Contract Agreement

Hospital Group: Hospital D Group

Agreement Date: 2024-03-24

Total Agreement Amount: \$372802

Time Span: 4 years

Valid Until: 2028-09-19

Medicine List: Levothyroxine, Aspirin, Atorvastatin, Lisinopril

Terms and Conditions:

1. The Pharmacy will supply the listed medicines as agreed.
 2. The Hospital agrees to use the medicines strictly for patient treatment.
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