

GENSAN MEDICAL CENTER

Print Date: 12/1/2025
Print Time: 12:50:38PM

Purok Veterans, Brgy Calumpang, National Highway, General Santos City, 9500

Contact No: (083) 887-9898

E-mail Address: contactus@gensanmed.com

VAT Reg. TIN: 000-072-888-460-VAT

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PURCHASE ORDER

Supplier: MXL PHARMA

P.O. No. New **4175**

Address: B44 L31 ROSALINA VILLAGE 3, BRGY BALIOK, TALOMO DISTRICT,
DAVAO CITY

Date : 12/01/2025

P.R. No. 23 0002953

TIN:

Payment Terms: MONTHLY

Item No.	QTY	UoM	Description	Last Delivered	Unit Cost	Gross	Discount	Net
4121	300	TABLE	AMLODIPINE (Y) 10MG TABLET	11/6/24	0.72	216.00	0.00	216.00
5486	200		AMLODIPINE (Y) 5MG(AS BESYLATE) TABLET	10/27/25	0.72	144.00	0.00	144.00
5490	200	TABLE	ASPIRIN (Y) 80MG	10/27/25	0.77	154.00	0.00	154.00
5496	200	TABLE	ATORVASTATIN (Y) 80MG (AS CALCIUM) TABLET	10/27/25	5.20	1,040.00	0.00	1,040.00
5504	60	TABLE	CLARITHROMYCIN (Y) 500MG (AS BASE) TABLET	10/27/25	18.85	1,131.00	0.00	1,131.00
5505	200	CAPS	CLINDAMYCIN (Y) 300MG (AS ULE HYDROCHLORIDE) CAPSULE	10/27/25	4.59	918.00	0.00	918.00
5507	200	TABLE	CLONIDINE (Y) 150MCG (AS HYDROCHLORIDE) TABLET	10/27/25	5.44	1,088.00	0.00	1,088.00
5510	200	TABLE	COLCHICINE (Y) 500MCG	10/27/25	1.54	308.00	0.00	308.00
5521	200	TABLE	LOSARTAN (Y) 50MG (AS POTASSIUM) TABLET	11/28/25	0.84	168.00	0.00	168.00
5537	500	TABLE	PARACETAMOL (Y) 500MG	10/27/25	0.53	265.00	0.00	265.00
5644	1000	NEBU	SALBUTAMOL (Y) 1MG/ML, LES 2.5ML NEBULE	11/7/25	8.65	8,650.00	0.00	8,650.00

Mary Charmaine Jorje M. Perata, RPh
License No: 0037000