



GENSAN MEDICAL CENTER

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

Print Date:
Print Time:

12/4/2025
8:40:54AM

Page -1 of 1

PURCHASE ORDER

Supplier: SKIN FAIRNESS DERMATOLOGY CLINIC & MEDICAL SPA

P.O. No. New **4209**

Address: RIZAL STREET, ZONE IV, CITY OF KORONADAL SOUTH COTABATO

Date 12/04/2025

P.R. No. 23 0002978

TIN:

Payment Terms:

| Item No. | QTY | UoM | Description | Last Delivered | Unit Cost | Gross | Discount | Net |
|----------|-----|-----|--|----------------|-----------|-----------|----------|-----------|
| 5382 | 300 | | LEVOCETIRIZINE DIHCL+BETAMETHASONE (SYNACTIV) 5MG/1MG TABLET | 8/19/25 | 35.00 | 10,500.00 | 0.00 | 10,500.00 |
| 5385 | 20 | | EMLA CREAM 10G | 8/19/25 | 350.00 | 7,000.00 | 0.00 | 7,000.00 |
| 5389 | 400 | | DOXYCYCLINE 100MG CAPSULE | 8/19/25 | 8.00 | 3,200.00 | 0.00 | 3,200.00 |
| 5390 | 20 | | ACICLOVIR 800MG TABLET | 8/19/25 | 140.00 | 2,800.00 | 0.00 | 2,800.00 |
| 5393 | 12 | | TRIAMCINOLONE + GENTAMYCIN CREAM | 8/19/25 | 300.00 | 3,600.00 | 0.00 | 3,600.00 |
| 5394 | 12 | | HYDROCORTISONE + GENTAMYCIN CREAM | 8/19/25 | 300.00 | 3,600.00 | 0.00 | 3,600.00 |
| 5678 | 8 | | ACNE TONER | | 450.00 | 3,600.00 | 0.00 | 3,600.00 |
| 5679 | 5 | | PORE MINIMIZING TONER | | 450.00 | 2,250.00 | 0.00 | 2,250.00 |
| 5680 | 4 | | RETINOL SERUM | | 500.00 | 2,000.00 | 0.00 | 2,000.00 |
| 5681 | 5 | | CLARIFYING TONER | | 500.00 | 2,500.00 | 0.00 | 2,500.00 |
| 5682 | 5 | | NMF UREA | | 900.00 | 4,500.00 | 0.00 | 4,500.00 |
| 5683 | 1 | | CLINDAZE GEL | | 1,200.00 | 1,200.00 | 0.00 | 1,200.00 |

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|----------------|-----|-----|-------------|----------------|-----------|-------|----------|------------------|
| Total Net Cost | | | | | | | | 46,750.00 |
| Less discount | | | | | | | | 0.00 |
| Grand Total | | | | | | | | 46,750.00 |

Words : Forty-six Thousand Seven Hundred Fifty Pesos Only

Remarks: DERMA PRODUCTS-FOR CONSIGNMENT

NOTE :

Suppliers are hereby required to validate the P.O. prices stated upon the receipt of this P.O., should there be any changes, an advice should be given to the Purchasing Officer atleast 1 (one) day before the Delivery Date.
For any price changes, otherwise we will follow the prices favorable to Gensan Medical Center

Prepared By:

Approved By:


Mary Charmaine Joree M. Peralta

Logistics and Medication Management
Department Head

Administrator/CEO

" THIS DOCUMENT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF PERMIT TO USE"
"THIS DOCUMENT IS NOT VALID FOR CLAIM OF INPUT TAX"