

GENSAN MEDICAL CENTER

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



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

Page 1 of 2

PURCHASE ORDER

Supplier: MXL PHARMA

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

Address: B44 L31 ROSALINA VILLAGE 3, BRGY BALIOKA, 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	TABLET	AMLODIPINE (Y) 10MG TABLET	11/6/24	0.72	216.00	0.00	216.00
5486	200	TABLET	AMLODIPINE (Y) 5MG(AS BESYLATE) TABLET	10/27/25	0.72	144.00	0.00	144.00
5490	200	TABLET	ASPIRIN (Y) 80MG	10/27/25	0.77	154.00	0.00	154.00
5496	200	TABLET	ATORVASTATIN (Y) 80MG (AS CALCIUM) TABLET	10/27/25	5.20	1,040.00	0.00	1,040.00
5504	60	TABLET	CLARITHROMYCIN (Y) 500MG (AS BASE) TABLET	10/27/25	18.85	1,131.00	0.00	1,131.00
5505	200	CAPSULE	CLINDAMYCIN (Y) 300MG (AS ULE HYDROCHLORIDE) CAPSULE	10/27/25	4.59	918.00	0.00	918.00
5507	200	TABLET	CLONIDINE (Y) 150MCG (AS HYDROCHLORIDE) TABLET	10/27/25	5.44	1,088.00	0.00	1,088.00
5510	200	TABLET	COLCHICINE (Y) 500MCG	10/27/25	1.54	308.00	0.00	308.00
5521	200	TABLET	LOSARTAN (Y) 50MG (AS POTASSIUM) TABLET	11/28/25	0.84	168.00	0.00	168.00
5537	500	TABLET	PARACETAMOL (Y) 500MG	10/27/25	0.53	265.00	0.00	265.00
5644	1000	NEBULES	SALBUTAMOL (Y) 1MG/ML, 2.5ML NEBULE	11/7/25	8.65	8,650.00	0.00	8,650.00

"THIS DOCUMENT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF PRINTING OR UP TO TWO (2) YEARS FROM THE DATE OF ISSUE.
"THIS DOCUMENT IS NOT VALID FOR CLAIM OF INVOICE TAX."