## **Bill Details**

**Pharmacy Name: testPharmacy** 

**Invoice ID: ID2** 

Bill Date: 2023-04-27

**Total Price: 450** 

## **Medicine Details**

Medicine ID	Medicine Name	Scientific Name	Weight	Quantity	Price
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## Scan the QR code to get an E-Bill

This QR code will be used by the customer to get an E-Bill



This is an automatically generated document. No signature is required.

Thank you for using our service.

MedEx Team