

# Bill Details

---

**Pharmacy Name:** testPharmacy

**Invoice ID:** INV17

**Bill Date:** 2023-04-28

**Total Price:** 370

## Medicine Details

Medicine ID	Medicine Name	Scientific Name	Weight	Quantity	Price
Med0002	Tylenol	Paracetamol	500	6	20
Med0003	Vamol	Paracetamol	650	5	50

## 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