## **Bill Details**

**Pharmacy Name: testPharmacy** 

**Invoice ID: INV16** 

Bill Date: 2023-04-27

**Total Price: 30** 

## **Medicine Details**

Medicine ID	Medicine Name	Scientific Name	Weight	Quantity	Price
Med0001	Panadol	Paracetamol	500	3	10

## 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