

QUICK RECOVERY!
for compliments & complaints
0716105764/0722318272

**HALLEL PHARMACY
NYAHURURU
PO BOX 407-10107**

Sales Receipt

Transaction # 485
Account # OLJABET
Date 03/04/2023 Time 2 04 11 PM
Cashier MAINA Register # 4

Description	Amount
PARACETAMOL INFUSION((ksh2,250
-30 @ ksh75 0	
OMEPRazole INJ 40MG 1	(ksh4,500
-50 @ ksh90 0	
HYOSCINE INJ 1s	(ksh1,674
-93 @ ksh18 0	
METRONIDAZOLE INFUSIO	(ksh1,593
-59 @ ksh27 0	
STRAPPING 4 (ZOP)	(ksh510 0)
-5 @ ksh102 0	
BRANULAR (BLUE) G 22	(ksh150 0)
-10 @ ksh15 0	
TRANEXAMIC 500MG INJ	(ksh850 0)
-10 @ ksh85 0	
COMBIVENT 0 25MG2ML U	(ksh498 0)
-4 @ ksh124 5	
CLARITHROMYCIN 500MG	(ksh190 0)
-10 @ ksh19 0	
CREPE BANDAGES 6	(ksh210 0)
-6 @ ksh35 0	
BRANULAR(GREEN) G18	(ksh75 0)
-5 @ ksh15 0	
HYDROCORTISONE INJ	(ksh250 0)
-10 @ ksh25 0	

Sub Total (ksh12,750

Total (ksh12,750

Change MPESA ksh12,750



485

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