

INVOICE

Invoice No :

Invoice Date :

Payment Information:

Payment Method: Cash
Name : John Doe
Payment Details : 0000000000

Terms & Conditions:

Use the prescribed medicines as directed by the physician.

| No: | Item Description | Price | Qty. | Total |
|-----|------------------|-------|------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

NOTE:

Prescribed by ...

Subtotal

Total

Contact us:
Tel:
Email:
P.O. Box:

