

# CITY PHARMACY - RECEIPT

**Date:** 2023-10-05

**Customer:** John Doe

**Doctor:** Dr. Smith

Medicine	Qty	Price (\$)
Paracetamol 650mg	10	5.00
Antibiotic 500mg	5	15.50
Multivitamins	1	10.00
ORS Sachets	5	5.00
<b>Total Paid</b>		<b>35.50</b>