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Create New Invoice

Customer Details

Patient Name	Patient Age
<input type="text" value="Khan"/>	<input type="text" value="30"/>

Confirmation:



**Please verify the patient details and medicine details carefully before proceeding.*

Patient Details

Patient Name: **Khan**
Patient Age: **30**

Prescription Details

Prescription Precrber: **None**
Prescription Disease: **Headache**

Medicine Details

S#	Medicine Name	Medicine Quantity
1.	Panadol (50mg)	1
Subtotal: 30		

Payment Details:

Payment:

Change:

Confirm

Cancel