

PHARMACY STORE
FORM DESIGN

LOGIN

Username

Password

Login

Registration

Firstname

Lastname

Address

Phoneno

Gende ☐ Male ☐ Female

Email

State

District

Username

Password

SUBMIT

Shop Details

Name:

Address:

Phoneno:

SUBMIT

Medicine Details

Medicinename:

Price:

ManfDate:

ExpDate:

Quantity:

ADD

Dealer Information

Name

Address

Email

Phoneno

SUBMIT

Order Details

Medicinename

Quantity

SUBMIT

Billing

Medicinename

Type

Quantity

Price

ManfDate

Expdate

Total Amount

SUBMIT