

Patient Name

Mobile :

Bill No. : 5365

Prescribed By : .

Date : 23-10-2025

Memo : CASH

Particulars	MFG	Batch No	Expiry	Quantity	Amount
LOGIHAIR MEN TAB	10'S	CANIXA 250941	Dec 26	30 TAB	666.00
LOGIDRUF LOTION	100ML	P.L.L. 5623	Jul 27	1 BOTL	370.31
PIDMCARE GA CREAM	20GM	SAMA 2502	Dec 26	1 PCS	550.00

* Please show the medicine to doctor.

* E. & O. E.

Total : 1,586.31

CASH DISCOUNT (-): 56.31

NET AMOUNT 1530-00

SUBJECT :

SUBJECT :

*** HAVE A SPEEDY RECOVERY ***

[ITEMS : 3]

Signature RP

CASH BILL

Date : 5.11.2025...

Patient's Name :

Address

Doctor's Name

Address

Qty.	Name of the Drug	Mfrs. Name	Batch No.	Date of Expiry	Sch.	Amount Rs. Ps.
1	Thyrox 25mg		1624 0100A	4/2026		194.39
						194.39

This is to certify that we hold the necessary valid license under drugs & cosmetics act 1940