

Patient Name

Mobile :

Bill No. : 5365

Date : 23-10-2025

Memo : CASH

Prescribed By :

Particulars

MFG

Batch No

Expiry

Quantity

Amount

LOGIHAIR MEN TAB

10'S

ICANIXA

1250841

Dec 26

30 TAB

666.00

LOGIDRUF LOTION

100ML

P.I.L.

15623

Jul 27

1 BOTT

370.31

PIGMCARE GA CREAM

200GM

SAMA

12502

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

SLVETL I

*** 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 25mcg		16240100A	4/2026		194.39

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