

# PHARMA

No. **13**

TAX INVOICE  
CASH BILL

Date

Dr.

Pt.

Qty.	Name of the Drugs	Mtrs. Name	Sch.	B. No.	Exp.	AMOUNT Rs.	Ps.
1	Lozinato - NF	Canixa	✓	5558	06/27	<del>163</del> 0.0	
30	AlEder	Roxon.	—	HPFH251 21	01/27	266 9.4	
						430/-	

Prices are all inclusive of Taxes  
over charging by over sight are refundable on production of this bill