



SUNRISE HOSPITAL
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arya@gmail.com

Patient info					
Name: KASI	Mobile: 1234567890	Blood group: O-		Age: 26	
Address: test					
Prescription Details					
Medicine Name	Expiry Date	Batchno	QTY	Amount	Total Amount
fepanil			10	525	5250
p500			5	52.5	262.5
Amlodipin			12	880	10560
Prescription Billing Mode				Swipe	