## Neptune Pharmacy

\*

Bill ID: Bill-395408365637400

Date: Mon May 12 00:15:24 IST 2025

Total Paid: 200

\*

Medicine ID	Name	Company Name	Price Per Unit	No Of Units	Sub Total Price
100	Test Name	Test Company Name	200	1	200

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Thank you, Please Visit Again