

Patient Name

Mobile :

Prescribed By :

Bill No. : 5365

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 :

*** 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