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3482

Dated 20/10/23

Name of the Patient DDC Dialysis centre

Prescribed by Dr./Hospital Basko

S.No.	Qty	DESCRIPTION	Batch No.	Expiry	Rs.	AMOUNT P.
<u>Ca</u>		<u>Mit Black</u>	<u>—</u>	<u>—</u>	<u>200</u>	
<u>Ca</u>		<u>Ayurved</u>	<u>—</u>	<u>—</u>	<u>170</u>	
					<u>/</u>	
<b>TOTAL</b>					<u>370</u>	

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