YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0001

Date: ____ / ____ / _____

Name: _____

SN	Medicine	Qty	Rate	Batch / Exp	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Rs. _____

For Your Shop

Medicines once sold will not be taken back. Schedule H / H1 medicines are sold against a valid prescription only. Keep medicines away from children.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0002

Date: ____ / ____ / _____

Name: _____

SN	Medicine	Qty	Rate	Batch / Exp	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Rs. _____

For Your Shop

Medicines once sold will not be taken back. Schedule H / H1 medicines are sold against a valid prescription only. Keep medicines away from children.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0003

Date: ____ / ____ / _____

Name: _____

SN	Medicine	Qty	Rate	Batch / Exp	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Rs. _____

For Your Shop

Medicines once sold will not be taken back. Schedule H / H1 medicines are sold against a valid prescription only. Keep medicines away from children.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0004

Date: ____ / ____ / _____

Name: _____

SN	Medicine	Qty	Rate	Batch / Exp	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Rs. _____

For Your Shop

Medicines once sold will not be taken back. Schedule H / H1 medicines are sold against a valid prescription only. Keep medicines away from children.

Authorised Signatory