

From :  
SWATHI DRUG HOUSE  
KALAMASSERY , PATHADIPPALAM  
9846025123  
Order No :  
3540701249936

**PURCHASE ORDER**

To :  
Getwell Medicare Solution Pvt Ltd  
  
Order Date : 07-01-2024

SL NO	PRODUCT NAME	PACK	MRP	QTY	RATE	AMOUNT
1	Maxvoid S Tab	10	-	1	343.40	343.40
				GRAND TOTAL		343.40