

39	CIPROFLAXACIN 500 mg	TAB	100
40	CRAPE BANDAGE 10 CM	NO	200
41	CRAPE BANDAGE 15 CM	NO	200
42	C/M APPLICAPS	NO	500
43	CALADRIL LOTION	BOT	50
44	C/M EAR DROPS	NO	50
45	CREMAFIN LIQ	BOT	100
46	COMBIFLAM	TAB	4000
47	CYCLOPAM	TAB	500
48	DECADRAN	INJ	200
49	DERRIPHILLINE	TAB	500
50	DERRIPHILLINE	INJ	200
51	DEWAX	NO	50
52	DICLOFENAC	INJ	500
53	DIPSALIC	TUBE	50
54	DISPO-SYRINGE	NO	1500
55	DOLOKIND PLUS	TAB	3000
56	DULCOLOX	TAB	500
57	DISPO MASKS	NO	1000
58	DISPO GLOVE	NO	1000
59	DEXTROSE 5%	INJ	100
60	DNS	INJ	500
61	DISPO NEEDLES	NO	1000
62	EASY FIX FOR IV CANULA	NO	200
63	ELASTO PLASTER7.5 CM	NO	40
64	ELBOW SUPPORT	NO	50
65	FINGER SPLINT	NO	100
66	GELUSIL SYP	BOT	50
67	GLUCOSE D	KG	30
68	IV SET	NO	200
69	IV CANULA	NO	200
70	INSOLE	NO	20
71	JONAC/DICLOFENAC 50 MG	TAB	1000
72	KNEE BRACE/SUPPORT	NO	50
73	KZ CREAM	TUBE	200
74	L HIST MONT	TAB	3000
75	LYGER-D	TAB	3000
76	MAHACEF 200 mg	TAB	5000
77	MEFTAL SPAS	TAB	1000
78	MEGADOL	TAB	2000
79	METROGYL 250 mg	TAB	500
80	METROGYL 400 mg	TAB	500
81	MONOCEF 1gm	INJ	200
82	MYCNOZOLE OINT	TUBES	200
83	MYCO DERMA	PULV	10
84	NS (SODIUM CHLORIDE)	INJ	400
85	NEOSPRIN OINT	TUBE	200
86	ONDEM	TAB	1500
87	ORS PKTS/WALITE	NO	3000

_____ %
Discount on MRP

88	ONDEM	INJ	300
89	OFLOX-OZ	TAB	2000
90	PENTOP-40 mg	TAB	3000
91	PENTOPRAZOLE	INJ	150
92	PARACETAMOL	INJ	500
93	PROLENE SUTURES	NO	200
94	PERMITE CREAM	TUBE	200
95	RESTYL 0.25 mg	TAB	500
96	RINGERS LACTATE	INJ	200
97	RIBOFLOVIN	TAB	1000
98	SCABOMA LOTION	BOT	200
99	SOFRAMYCINE	TUBE	100
100	SINOREST	TAB	2000
101	SURG SPIRIT	BOT	10
102	SURGICAL GLOVE	PAIR	300
103	SURG GAUZE	PKTS	30
104	STERILE SURG GAUZE	PKTS	20
105	SHELCOLO 500 mg	TAB	2000
106	STERILIUM	BOT	20
107	TERBIFORCE 250 mg	TAB	1500
108	THEO ASTHALLINE	TAB	200
109	ULTRACET	TAB	2000
112	VOLINY SPRAY	NO	200
113	WRIST BRACE	NO	100
114	ZINCOVIT	TAB	600
115	ZYTEE GEL	TUBE	100
116	CIPROFLOXACINE	INJ	50
117	METRONIDAZOLE	INJ	50

_____ %
Discount on MRP

Note: The delivery of Medicines will be given at School MI Room.

GST No. _____
(Copy must be enclosed)

Terms and Conditions, if any:-

Signature: _____

Address. _____

Firm's Seal
Mobile No.

Date: