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TO: TRINITY NYAKABINGO MINES
RURINDO DISTRICT
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PROFORMA INVOICE

DATE: 19/02/2026

No	ITEM NAME	Qty	Unit Price (Rwf)	Total price (Rwf)
1	ADRENALINE 1MG /1ML INJ	10	420	4,200
2	TRANEXAMIC ACID 500MG INJ B/5 AMP	50	7,500	375,000
3	ATROPINE 1MG/ML INJ VIAL	10	1,300	13,000
4	ICE SPRAY PAIN RELIEF 400ML	10	7,500	75,000
5	DEXAMETHASONE INJ 4MG/ML AMP	30	420	12,600
6	DEXAMETHASONE EYE DROPS 10ML	5	650	3,250
7	SOFT DROPS LUBRICATING EYE DROPS	2	4,100	8,200
8	TETRACYCLINE PDE OPHTA	0	-	-
9	IBUPROFEN 400MG B/100TAB	20	2,100	42,000
10	TRAMADOL 50MG CAP B/100	50	3,300	165,000
11	NIFEDIPINE 20MG TAB B/10x10	2	1,850	3,700
12	OMEPRAZOLE 20MG B/100TAB	20	2,250	45,000
13	EMITINO (ONDANSETRON) 4MG 10TAB	5	2,350	11,750
14	POVIDONE IODINE 200ML	10	2,050	20,500
15	HYOSCINE BUTYLBROMIDE 20MG/1ML INJ 1AMP	20	480	9,600
16	DIAZEPAM 5ML/ML 2ml INJ AMP	10	750	7,500
17	DICLOFENAC 75MG/3ML INJ AMP	200	160	32,000
18	DICLOFENAC 100MG SUPPO B/100	3	9,250	27,750
19	FUROSEMIDE INJECTION 20MG B/1A	10	450	4,500
20	DEXTROSE (GLUCOSE) 5% SLN 500ML	10	750	7,500
21	DEXTROSE (GLUCOSE) 50% SLN 100ML	10	1,650	16,500
22	HYDROCORTISONE INJ 100MG 1 VAIL	10	860	8,600
23	NORMAL SALINE 0.9% 500ML	24	750	18,000
24	PARACETAMOL 10MG/ML INJ 100ML 1VIAL	10	1,300	13,000
25	PARACETAMOL 500MG TAB B/10x10	10	800	8,000

26	BETAPYN TAB B/18	5	5,450	27,250
27	PAIN RELIEF PATCH B/6	10	7,150	71,500
28	RINGER LACTATE SLN 500ML	5	750	3,750
29	CHLORPHENIRAMINE 4MG B/ 10X10	50	700	35,000
30	COLD CAP B/96 CAPS	10	5,600	56,000
31	AUGMENTIN 500MG/62.5MG TAB B/16	10	8,000	80,000
32	CLOXACILLIN 500MG CAPS 10X10	10	6,200	62,000
33	POMMADE CAMPHREE 10% 50Gr	50	850	42,500
34	MEBENDAZOL 100MG TAB B/100	20	1,000	20,000
35	METRONIDAZOL 250MG TAB B/10x10	20	2,150	43,000
36	ALBENDAZOLE TAB 400MG B/1	20	100	2,000
37	UNIGENTIL 500MG TAB B/4	10	870	8,700
38	CIPROFLOXACIN 500MG TAB B/10x10	2	5,600	11,200
39	ALCOOL DENATURE 96% 20ltr	1	61,000	61,000
40	WATER FOR INJECTION 10ML 1PC	100	70	7,000
41	IV CATHETER CH20 1PC	20	140	2,800
42	IV CATHETER CH22 1PC	20	140	2,800
43	IV CATHETER CH24 1PC	10	140	1,400
44	TROUSSE DE PERFUSION (I.V GIVING SET)	50	160	8,000
45	SUCTION CATHETER 10	5	360	1,800
46	SURGICAL GLOVES (GANT STERILE) 7.5 B/50 PAIR	2	10,600	21,200
47	EXAMINATION GLOVES LATEX SIZE : 7.5 B/100pcs	10	3,500	35,000
48	CREPE BANDAGE 10CMX4.5M 1PC	50	700	35,000
49	GUEDEL AIRWAY SIZE 6 (120MM) 1PC	2	1,050	2,100
50	SURGICAL GOWN DISPOSABLE SIZE:L PC	10	5,850	58,500
51	COMPRESSE (STERILE GAUZE SWABS) 10X10CM B/100	2	6,100	12,200
52	COMPRESSE(STERILE GAUZE SWABS) 5CMX5CM B/100	2	4,850	9,700
53	SPRADRAP PERFORE 18CMx5M 1PC	6	3,600	21,600
54	BISTOURI (SURGICAL BLADE)G21 B/100	2	5,000	10,000
55	ACCU-CHEK INSTANT B/50 STRIPS	4	13,000	52,000
56	ACCU-CHEK SOFTCLIX LANCET B/200	10	12,500	125,000
57	PLASTERS FIRST AID ASSORTED B/100PC	4	1,000	4,000
58	PARAFFIN GAUZE 10X10CM B/10	20	2,100	42,000
59	FOLEY CATHETER 2 WAYS (SONDE) FG 16	2	800	1,600
60	SERINGUE 5ML + AIGULLE B/100	2	4,050	8,100
61	SERINGUE 10ML + AIGULLE B/100	2	6,850	13,700
62	ACCU-CHEK INSTANT GLUCOMETER	1	12,200	12,200
63	ACCU-CHEK INSTANT GLUCOMETER	1	12,200	12,200
64	SURGICAL KIT	1	105,000	105,000
65	OXYGEN PRESSURE REGULATOR WITH FLOWMETER AND HUMIDIFIER (MANO DETENDEUR)	1	160,000	160,000
66	INFRARED NON CONTACT THERMOMETER FORHEAD	1	30,000	30,000
67	DIGITAL THERMOMETER 1PC	5	1,850	9,250
68	AUTOCLAVE ALUMINIUM PORTABLE 24L	1	340,000	340,000
69	PINGUIN MOUCHE BEBE PC	2	15,200	30,400
70	WARD SCREEN (PARAVENT) WARD 4-FOLD	1	230,000	230,000

71	TOISE WALL HEIGHT METER	2	23,500	47,000
72	NEBULIZER HAPPYNEB III GIMA PISTON 230V	1	170,000	170,000
73	PREDNISOLONE 5MG TAB B/10x10	2	2,600	5,200
74	SALBUTAMOL SPRAY 100MCG 200DOSES 1BTL	10	2,500	25,000
75	ORAL REHYDRATION SALT (ORS) 1SACHET	100	220	22,000
76	SURGICAL FACE MASK 3 PLY ELASTIC EAR LOOP BLUE B/50	10	3,050	30,500
77	ALCOOL DENATURE 96% 5L	1	25,500	25,500
78	KIDNEY DISH MEDIUM	4	14,650	58,600
79	FINGER EXTENSION SPLINT	5	5,600	28,000
TOTAL PRICE				3,272,400

The total price of proforma invoice is Three million two hundred seventy two thousand Rwandan francs

Quotation validity: 10days

Payment terms: Advance

Delivery period: 5days maximum from receipt of the purchase order

For BESTMED N&M PHARMA

For Reception

