

		GST TAX INVOICE SAI MEDICAL SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE				GST No. - DL No. - 20- 427146, 21- 427147 PH. No. - 8282825959 Email - thevisioncarecenter@gmail.com		
Patient Name	BABAN SHELKE			Invoice No.	AM/C414/26/820			
Dr. Name	DR. SWAPNIL BHALEKAR			Inv. Date	06-07-2026			
Patient No.	9011040482			Pat. Address				
Payment Mode	UPI			Salesman				
Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net	
PAN D - ALK		25444104	10/27	2.00	1 x 15	238.10	31.75	
COMBIFLAM TAB	300450	211026120	03/28	4.00	1 x 20	57.45	11.49	
MAXIM D	30049099	26DD015	03/28	1.00	1 x 1	245.00	245.00	
NEFASOL	3004	AHD04ACA	01/27	1.00	1 x 1	248.00	248.00	
EYE SHIELD 1 NOS		GOLD	05/29	1.00	1 x 1	18.75	18.75	
PAPER TAPE DR CROWN	3005	2510607	05/28	1.00	1 x 1	71.25	71.25	
AQUIM LIDWIPES	30059090	PLPHA2.10 3	05/28	4.00	1 x 10	188.00	75.20	
Total No. of Products :- 7								
Amt. In Words : SEVEN HUNDRED AND ONE RUPEES AND FOUR FOUR PAISE ONLY Credit Bal. : 0.00 Payment Mode : UPI					GROSS		668.03	
					DISCOUNT		0.00	
					TAX		33.40	
					NET AMT.		701.00	
Terms & Conditions 1. Medicine return shall be done within 7 days of purchase. 2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged. 3. No return/Exchange will be processed without presenting the original bill.						Authorized Signatory		