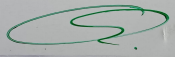


|                                                                                   |                                                                                                     |                                        |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|
|  | <b>GST TAX INVOICE</b>                                                                              | <b>GST No. :</b>                       |
|                                                                                   | <b>SHREE VITTAL MEDICAL</b>                                                                         | <b>DI. No. :</b> 20-567944, 21-567945  |
|                                                                                   | SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON<br>WAGHOLI ROAD, LOHAGHON. TAL. HAWELI, DIST. PUNE | <b>PH. No. :</b> 9075701889            |
|                                                                                   |                                                                                                     | <b>Email :</b> vijaymane3293@gmail.com |

|                                     |  |  |  |                                     |  |  |  |  |  |  |
|-------------------------------------|--|--|--|-------------------------------------|--|--|--|--|--|--|
| <b>Patient Name :</b> SIDDHANATH    |  |  |  | <b>Invoice No. :</b> AM/C399/26/106 |  |  |  |  |  |  |
| <b>Dr. Name :</b> DR AARATI GADEKAR |  |  |  | <b>Inv. Date :</b> 17-06-2026       |  |  |  |  |  |  |
| <b>Patient No. :</b> 9096010112     |  |  |  | <b>Pat. Address :</b> lohegaon      |  |  |  |  |  |  |

| Product                    | HSN | B.No       | Exp.  | Qty  | Pack   | MRP    | Gross | Disc | GST   | Net   |
|----------------------------|-----|------------|-------|------|--------|--------|-------|------|-------|-------|
| MOXMED CV 625 DUO TABLET - |     | AH25022    | 07/27 | 4.00 | 1 x 10 | 208.00 | 74.29 | 0.00 | 12.00 | 83.20 |
| XECID-DSR -                |     | SRGC-25307 | 10/27 | 4.00 | 1 x 10 | 84.00  | 30.00 | 0.00 | 12.00 | 33.60 |

|                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |                                            |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--------------------------------------------|---------------|
| <b>Amt. In Words :</b> ONE HUNDRED AND SIXTEEN RUPEES AND EIGHT PAISE ONLY<br><b>Credit Bal. :</b> 116.80<br><b>Terms &amp; Conditions</b><br>1. Medicine return shall be done within 7 days of purchase.<br>2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.<br>3. No return/Exchange will be processed without presenting the original bill. |  |  |  |  |  |  | GROSS 104.29<br>DISCOUNT 0.00<br>TAX 12.51 |               |
|                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  | <b>NET AMT.</b>                            | <b>117.00</b> |

|                                                                                                                                                                              |                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SHREE VITTAL MEDICAL</b><br><br>SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON WAGHOLI ROAD, LOHAGHON. TAL. HAWELI, DIST. PUNE<br><br><b>Customer Care : 9075701889</b> | <b>Authorized Signatory</b><br><b>VIJAY RAGHUNATH MANE</b><br><br> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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