PAPERLESS PHARMACY

GST TAX INVOICE

SAMRUDDHI MEDICAL

SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI

GST No. : 27AMZPP5042J1ZB
DI. No. : 20-564133, 20B-564135
PH. No. : 9028170400
Email : swapnilamrutkar777@gmail.com

Patient Name	:	KAJAL SURAJ KATKAR	**Invoice No.**	:	AM/C126/25/21881
Dr. Name	:	KASHISH SADHWANI	**Inv. Date**	:	04-09-2025
Patient No.	:	9611212977	**Pat. Address**	:	RAHATNI

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
AUGMENTIN 375 TABLET - Gla	30044030	825C017	09/27	10.00	1 x 10	277.00	247.32	0.00	12.00	277.00
ENZOFLAM TAB - Alk	30044030	25440988	02/27	10.00	1 x 10	167.00	149.11	0.00	12.00	167.00
RANTAC 150 TAB - J B	30044030	BR325041	09/27	10.00	1 x 30	54.50	16.22	0.00	12.00	18.17

Amt. In Words : **FOUR HUNDRED AND SIXTY-TWO RUPEES ONLY**
Credit Bal. :**462.00**
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.**

GROSS	412.65
DISCOUNT	0.00
TAX	49.52
NET AMT.	**462.00**

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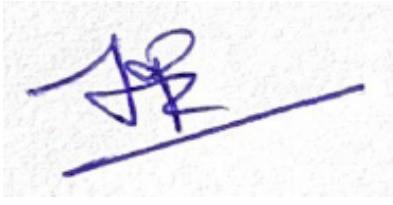
Customer Care : 9028170400

REG. PHARMCIST SIGN



Get Well Soon !!!