PAPERLESS PHARMACY

GST TAX INVOICE

Shree Medicals

At post Sarole Tal-Bhor Dist - Pune

GST No. :

DI. No. : 20-444817, 20C-444819

PH. No. : 7972716060

Email : rs4932581@gmail.com

Patient Name	:	MRS.GAYATRI KALE	**Invoice No.**	:	AM/C150/25/14895
Dr. Name	:	DR.AMIT.J.NIGADE	**Inv. Date**	:	18-07-2025
Patient No.	:	9762520186	**Pat. Address**	:	A/P PANDE TAL-BHOR DIST-PUNE

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
MEDICAINE GEL - MED	30040	PMSG24 167	10/26	1.00	200 ML	165.00	147.32	0.00	12.00	165.00
DOXINATE - MAN	30049099	DXM243 1	07/27	5.00	1 x 30	277.20	41.25	0.00	12.00	46.20
CYCLOPAM TAB -	30049099	2407041 3	12/25	5.00	1 x 10	63.40	28.30	0.00	12.00	31.70

Amt. In Words : **TWO HUNDRED AND FORTY-THREE RUPEES ONLY**
Credit Bal. :**243.00**
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	216.87
DISCOUNT	0.00
TAX	26.03
NET AMT.	**243.00**

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Customer Care : 7972716060

REG. PHARMCIST SIGN
Riyaz Modin Shaikh

Get Well Soon !!!