

	GST TAX INVOICE	GST No. :
	SAI MEDICAL	DI. No. : 20- 427146, 21- 427147
	SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE	PH. No. : 8282825959
		Email : thevisioncarecenter@gmail.com

Patient Name : SURAJMAL METHA				Invoice No. : AM/C414/26/630						
Dr. Name : DR. SWAPNIL BHALEKAR				Inv. Date : 04-07-2026						
Patient No. : 9765858778				Pat. Address :						

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
COMBIFLAM TAB -	300450	2110261 20	03/28	4.00	1 x 20	57.45	10.94	0.00	5.00	11.49
MAXIM D -	30049099	26DD015	03/28	1.00	1 x 1	245.00	233.33	0.00	5.00	245.00
EYE SHIELD 1 NOS -		GOLD	05/29	1.00	1 x 1	18.75	17.86	0.00	5.00	18.75
PAPER TAPE DR CROWN -	3005	2510607	05/28	1.00	1 x 1	71.25	67.86	0.00	5.00	71.25
ROYAL SANITIZER -	3004	SS234	04/29	1.00	1 x 1	60.00	57.14	0.00	5.00	60.00
AQUIM LIDWIPES -	34011190	PLPHA1 106	08/27	4.00	1 x 10	188.64	71.86	0.00	5.00	75.46

Amt. In Words : FOUR HUNDRED AND EIGHTY-ONE RUPEES AND NINE FIVE PAISE ONLY Credit Bal. :481.95 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		458.99
							DISCOUNT		0.00
							TAX		22.95
							NET AMT.		482.00

SAI MEDICAL SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE Customer Care : 8282825959	Authorized Signatory
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