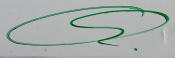


	GST TAX INVOICE	GST No. :
	SHREE VITTAL MEDICAL	DI. No. : 20-567944, 21-567945
	SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON WAGHOLI ROAD, LOHAGHON. TAL. HAWELI, DIST. PUNE	PH. No. : 9075701889
		Email : vijaymane3293@gmail.com

Patient Name : bharat kamble				Invoice No. : AM/C399/26/49						
Dr. Name : Dr. Vijay Mane				Inv. Date : 01-06-2026						
Patient No. : 9767976097				Pat. Address : lohegaon						

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
PAZOWICK D TAB -		DFF04C TA	10/27	6.00	1 x 10	152.60	81.75	0.00	12.00	91.56
CALCICAL D3 SYP - RYT	3004	PL08191	05/27	1.00	100 ML	185.00	176.19	0.00	5.00	185.00
MULTIVENT 200ML SP - RSR	2106	NC- LO1411	08/27	1.00	200 ML	222.00	211.43	0.00	5.00	222.00
ALDIGESIC SP NEW -		AST1513 2PK	07/27	3.00	1 x 10	120.00	32.14	0.00	12.00	36.00
VITASEE -		NLT-152 824	08/26	3.00	1 x 15	108.00	19.29	0.00	12.00	21.60
BECOX -		385	09/27	6.00	1 x 10	9.70	5.20	0.00	12.00	5.82

Amt. In Words : FIVE HUNDRED AND SIXTY-ONE RUPEES AND NINE EIGHT PAISE ONLY Credit Bal. : 561.98 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 526.00 DISCOUNT 0.00 TAX 35.98	
						NET AMT.	562.00

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