GST TAX INVOICE

SAI MEDICAL

SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE

GST No. -
DL No. - 20- 427146, 21- 427147
PH. No. - 8282825959
Email - thevisioncarecenter@gmail.com

Patient Name	MANJULA KSHIRSAGAR	**Invoice No.**	AM/C414/26/814
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	06-07-2026
Patient No.	9970252222	**Pat. Address**	
Payment Mode	UPI	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
COMBIFLAM TAB		211025172	11/27	3.00	1 x 15	57.45	11.49
PAN D - ALK		25444104	10/27	2.00	1 x 15	238.10	31.75
MAXIM D	30049099	26DD015	03/28	1.00	1 x 1	245.00	245.00
EYE SHIELD 1 NOS		GOLD	05/29	1.00	1 x 1	18.75	18.75
PAPER TAPE DR CROWN	3005	2510607	05/28	1.00	1 x 1	71.25	71.25
AQUIM LIDWIPES	30059090	PLPHA2.103	05/28	4.00	1 x 10	188.00	75.20

Total No. of Products :- 6

Amt. In Words : FOUR HUNDRED AND FIFTY-THREE RUPEES AND FOUR FOUR PAISE ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	431.84
DISCOUNT	0.00
TAX	21.59
NET AMT.	**453.00**

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.

Authorized Signatory