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	SWATI YENARE	**Invoice No.**	AM/C414/26/1586
Dr. Name	NA	**Inv. Date**	15-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	**UPI**	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
AUTOGATI		IB-092401	08/26	1		328.00	328.00
NATAMET DROP - SUN	30049099	FHD0223	01/28	1	1 x 1	124.82	124.82
RAYZOLE EYE DROP		BT-552	02/27	1	1 x 1	318.50	318.50
HOMACID	30044010	260001	12/27	1	5 ML	33.50	33.50
ENZOFLAM TAB - Alk		25444726	11/27	10	1 x 10	172.00	172.00
PAN D CAP - ALK		26441172	03/28	5	1 x 15	261.90	87.30

Total No. of Products :- 6

Amt. In Words : **ONE THOUSAND AND SIXTY-FOUR RUPEES AND ONE TWO PAISE ONLY**
Credit Bal. : 0.00
Payment Mode : **UPI**

GROSS	1,013.44
DISCOUNT	0.00
TAX	50.68
NET AMT.	**1,064.00**

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