

		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	VIMAL KADAM			Invoice No.	AM/C414/26/1590		
Dr. Name	DR. SWAPNIL BHALEKAR			Inv. Date	16-07-2026		
Patient No.	4544785010			Pat. Address			
Payment Mode	UPI			Salesman			
Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
PAN D CAP - ALK		26441172	03/28	2	1 x 15	261.90	34.92
COMBIFLAM TAB	300450	211026120	03/28	4	1 x 20	57.45	11.49
MAXIM D	30049099	26DD015	03/28	1	1 x 1	245.00	245.00
AQUIM LIDWIPES	34011190	PLPHA2.111	01/29	4	1 x 10	188.00	75.20
PAPER TAPE DR CROWN	3005	2510607	05/28	1	1 x 1	71.25	71.25
EYE SHIELD 1 NOS		GOLD	05/29	1	1 x 1	18.75	18.75
ROYAL SANITIZER	3004	SS234	04/29	1	1 x 1	60.00	55.00
Total No. of Products :- 7							
Amt. In Words : FIVE HUNDRED AND ELEVEN RUPEES AND SIX ONE PAISE ONLY Credit Bal. : 0.00 Payment Mode : UPI					GROSS		492.01
					DISCOUNT		5.00
					TAX		24.60
					NET AMT.		512.00
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		