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	SHARAD TAMBE	**Invoice No.**	AM/C414/26/1592
Dr. Name	DR. SWAPNIL BHALEKAR	**Inv. Date**	16-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	Cash	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
DIAMOX TAB 15 - AJA	30049099	GTH0940A	02/29	6	1 x 15	64.88	25.95
MAXIM - Cro		25LC05C	08/26	1	1 x 1	214.00	214.00
NEPABLU BF	30049099	003J25CE	03/27	1	1 x 1	286.50	286.50
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 : SEVEN HUNDRED AND FORTY-SIX RUPEES AND SIX FIVE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	715.87
DISCOUNT	5.00
TAX	35.79
NET AMT.	**747.00**

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