

		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		SHANKAR LANKE		Invoice No.		AM/C414/26/1594		
Dr. Name		NA		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						Authorized Signatory		
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.								