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	LILABAI PUNDE	**Invoice No.**	AM/C414/26/1595
Dr. Name	NA	**Inv. Date**	16-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	Cash	**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	73.20
EYE SHIELD 1 NOS		GOLD	05/29	1	1 x 1	18.75	18.75
NEPABLU BF	30049099	003J25CE	03/27	1	1 x 1	286.50	286.50

Total No. of Products :- 6

Amt. In Words : SIX HUNDRED AND SIXTY-NINE RUPEES AND EIGHT SIX PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	639.87
DISCOUNT	2.00
TAX	31.99
NET AMT.	**670.00**

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