PAPERLESS PHARMACY

GST TAX INVOICE

SAMRUDDHI MEDICAL

SHOP NO.9 SAI PLAZA BUILDING ATWAN CHOWK KALEWADI

GST No. : 27AMZPP5042J1ZB
DI. No. : 20-564133, 20B-564135
PH. No. : 9028170400
Email : swapnilamrutkar777@gmail.com

Patient Name : SHIVPRAKASH
Dr. Name : NA
Patient No. :

Invoice No. : AM/C126/25/9849
Inv. Date : 08-06-2025
Pat. Address :

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
HBC - SPORAMIZ 100	30044030	HC24110	10/26	20.00	1 x 10	170.00	303.57	0.00	12.00	340.00
NIM - M-LET TAB	30044030	AT24/116	04/26	10.00	1 x 10	35.00	31.25	0.00	12.00	35.00
NAX - L-NAX CREAM	30044030	BD0001	07/26	1.00	50GM	350.00	312.50	0.00	12.00	350.00

Amt. In Words : **SEVEN HUNDRED AND TWENTY-FIVE RUPEES ONLY**
Credit Bal. :**725.00**
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.**

GROSS	647.32
DISCOUNT	0.00
TAX	77.68
NET AMT.	**725.00**

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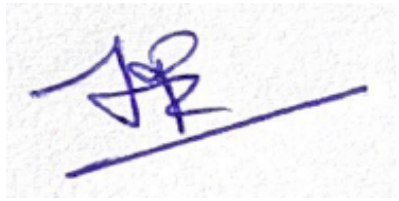
Customer Care : 9028170400

REG. PHARMCIST SIGN



Get Well Soon !!!