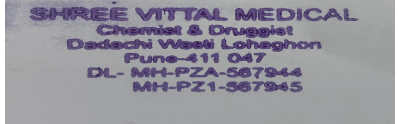


	GST TAX INVOICE		GST No. :
	SHREE VITTAL MEDICAL		DI. No. : 20-567944, 21-567945
	SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON WAGHOLI ROAD, LOHAGHON. TAL. HAWELI, DIST. PUNE		PH. No. : 9075701889
			Email : vijaymane3293@gmail.com

Patient Name : priyanka				Invoice No. : AM/C399/26/39			
Dr. Name : Dr. Vijay Mane				Inv. Date : 30-05-2026			
Patient No. : 7020934360				Pat. Address : lohegaon			

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
ME-12 FORTE INJ -	30044030	ANF07A FA	07/27	1.00	1 ML	31.00	29.52	1.55	5.00	29.45

Amt. In Words : TWENTY-NINE RUPEES ONLY Credit Bal. :29.00 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 29.52 DISCOUNT 1.55 TAX 1.48	
							NET AMT.	29.00

SHREE VITTAL MEDICAL SHOP NO.1, GROUND FLOOR, DADACHI WASTI, LOHAGHON WAGHOLI ROAD, LOHAGHON. TAL. HAWELI, DIST. PUNE Customer Care : 9075701889	Authorized Signatory VIJAY RAGHUNATH MANE  
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